

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68899 (6)
1. Corporation Name
PREMIER FAMILY CARE, P.A.

Principal Place of Business
**4800 BEACH BLVD.
SUITE 10
JACKSONVILLE FL 32207
US**

Mailing Address
**4800 BEACH BLVD.
SUITE 10
JACKSONVILLE FL 32207
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3150845	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAX CO. % MAHONEY ADAMS & CRISER 50 N. LAURA ST., 3300 BARNETT CENTER JACKSONVILLE FL 32202	81. Name MOTOLAW, Inc. 82. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. 83. Suite 1301 84. City Jacksonville 85. Zip Code FL 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*, as Vice President, DATE **2/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMHARD, JAMES S	1.2 NAME	See attached Schedule A for more directors
STREET ADDRESS	4800 BEACH BLVD. SUITE #10	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CLARK, STEPHEN	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4800 BEACH BLVD., SUITE #10	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BORK, DUANE L	3.2 NAME	
STREET ADDRESS	4800 BEACH BOULEVARD, SUITE 10	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BOONE, RALPH M	4.2 NAME	
STREET ADDRESS	4800 BEACH BOULEVARD, SUITE 10	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MHOON, JAMES E	5.2 NAME	
STREET ADDRESS	4800 BEACH BOULEVARD, SUITE 10	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SALAS, ANDRE	6.2 NAME	
STREET ADDRESS	4800 BEACH BOULEVARD, SUITE 10	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

SCHEDULE A TO 1998 ANNUAL REPORT

Additions to Block 12 of 1998 annual report for Premier Family Care, P.A.

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City, State and Zip</u>
D	Robert M. Chapa	4800 Beach Blvd., Ste 10	Jacksonville, FL 32207
D	Michael L. Dulaney	4800 Beach Blvd., Ste 10	Jacksonville, FL 32207
D	E. Rawson Griffin, III	4800 Beach Blvd., Ste 10	Jacksonville, FL 32207
D	Fara M. Nadal	4800 Beach Blvd., Ste 10	Jacksonville, FL 32207