FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

'95 MAR -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69619 (7)

1. Corporation Name

PRIMARY CARE NETWORK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
951 SW 42ND AVE SUITE 302 MIAMI FL 33134	PO BOX 141217 CORAL GABLES FL 33114-1217 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/08/1992	05/31/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0388827	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired X	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution X	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes X Yes ☐ No	

9. Name and Address of Current Registered Agent

CARRERAS, RAUL JR
999 PONCE DE LEON BLVD
STE 720
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, MOISES E M.D.	12 NAME	
STREET ADDRESS	118 MALVA COURT	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FERRER, JOSE P M.D.	22 NAME	
STREET ADDRESS	8281 LA RAMPA	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	ALDERTI-FLOR, JUAN J	32 NAME	
STREET ADDRESS	740 ALHAMBRA	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, CECILIO F	42 NAME	
STREET ADDRESS	6601 S.W. 48TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 above, or on an attachment with an address.

SIGNATURE: Cecilio Gonzalez III — February - 27-95 (305) 461-3744
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Telephone #

040000 FF