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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000000706 (9)

1. Corporation Name  
INTEGRATED PROVIDER NETWORKS, INC. JAN 6 1997



Principal Place of Business  
2828 CROASDAILE DR.  
DURHAM NC 27705

Mailing Address  
2828 CROASDAILE DR.  
DURHAM NC 27705-2505

3. Date Incorporated or Qualified  
02/09/1996

3a. Date of Last Report

4. FEI Number  
56-1529325

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

23. Zip

24. Country

25. US

2a. Mailing Address

26. ATTENTION: TAX DEPARTMENT

27. P. O. BOX 15309

28. DURHAM, NC

29. 27704

30. US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD DAUCHERT, EUGENE F JR 2828 CROASDAILE DR. DURHAM NC 27705	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WHITAKER, GARY R MD 2828 CROASDAILE DR. DURHAM NC 27705	2.1 TITLE	D
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VCOO MOORE, CHARLES R 2828 CROASDAILE DR. DURHAM NC 27705	3.1 TITLE	COO/EVP
NAME		3.2 NAME	TABOR, STANLEY D.
STREET ADDRESS		3.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	ST NEUGEBAUER, SHERYL A 2828 CROASDAILE DR. DURHAM NC 27705	4.1 TITLE	SVP/CMO
NAME		4.2 NAME	ESCHELMAN, CURTIS J., M.D.
STREET ADDRESS		4.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	S MILES, KIMBERLY J 2828 CROASDAILE DR. DURHAM NC 27705	5.1 TITLE	AS
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP/CMD
NAME		6.2 NAME	JACOBI, PETER, D. M.D.
STREET ADDRESS		6.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DURHAM, NC 27705

14. I do 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.

SIGNATURE: \_\_\_\_\_ ANGELA M. SNEDEKER 4-25-97 (919) 383-0355

CR2E034 (9/96)

**ATTACHMENT  
1997 PROFIT CORPORATION  
ANNUAL REPORT  
STATE OF FLORIDA**

**INTEGRATED PROVIDER NETWORKS, INC  
FEIN: 56-1529325**

**ADDITIONAL OFFICERS AND DIRECTORS**

<b>TITLE</b>	Secretary
<b>NAME</b>	Sally S. Lynch, CPA
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705

<b>TITLE</b>	Treasurer
<b>NAME</b>	Kerri M. Fritsch
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705

<b>TITLE</b>	Assistant Secretary / Assistant Treasurer
<b>NAME</b>	Angela M. Snedeker
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705