

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000706 (9)
 1. Corporation Name
INTEGRATED PROVIDER NETWORKS, INC.



Principal Place of Business 2828 CROASDAILE DR. DURHAM NC 27705	Mailing Address ATTENTION: TAX DEPARTMENT P.O. BOX 16309 DURHAM NC 27704 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	P.O. Box 61179
22 City & State	27 City & State
Durham NC	Durham NC
23 Zip	28 Zip
Country	Country
24 25	29 30
27715	

3. Date Incorporated or Qualified 02/09/1996	
4. FEI Number 56-1528325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUCHERT, EUGENE F JR	1.2 NAME	Steven M. Scott MD
STREET ADDRESS	2828 CROASDAILE DR.	1.3 STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	Durham NC 27705
TITLE	VO	2.1 TITLE	COO evp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITAKER, GARY R MD	2.2 NAME	Victor Kalafa
STREET ADDRESS	2828 CROASDAILE DR.	2.3 STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	DURHAM NC 27705	2.4 CITY-ST-ZIP	Durham NC 27705
TITLE	CEVP	3.1 TITLE	CFO sup AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABOR, STANLEY D.	3.2 NAME	Kerri Fritsch
STREET ADDRESS	2828 CROASDAILE DR.	3.3 STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	Durham NC 27705
TITLE	SVPC	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESCHELMAN, CURTIS J. M	4.2 NAME	Anita S. Wagner
STREET ADDRESS	2828 CROASDAILE DR.	4.3 STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	DURHAM NC	4.4 CITY-ST-ZIP	Durham NC 27705
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, KIMBERLY J	5.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	5.4 CITY-ST-ZIP	
TITLE	VPCM	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBI, PETER D	6.2 NAME	
STREET ADDRESS	2828 CORASDAILE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	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)