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

FILED
95 AUG -8 AM 10: 18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000076382 (8)

1. Corporation Name
PHYSICIANS INTEGRATED NETWORK, INC.

Principal Place of Business
13577 FEATHER SOUND DRIVE
SUITE 390
CLEARWATER FL 34622

Mailing Address
13577 FEATHER SOUND DRIVE
SUITE 390
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

4. FEI Number: 59-3270789 ☐ 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

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
DOBBS, ROBERT L
13577 FEATHER SOUND DRIVE
SUITE 390
CLEARWATER FL 34622

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City-St-Zip	Change	Addition
1	President	George D. Harris, M.D.			☐	☒
2	Vice President	John V. Murray, M.D.			☐	☒
3	Secretary	Robert L. Dobbs			☐	☒
4	Treasurer	Joseph P. Springle, M.D.			☐	☒
5					☐	☐
6					☐	☐

14. I do 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert L. Dobbs 8/4/95 (813) 572-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0350268 CP