

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P97000042279 (4)**  
 1. Corporation Name  
**SPECIALTY PHYSICIAN'S NETWORK, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1975 HAWTHORNE ST<br/>SARASOTA FL 34239</b> | Mailing Address<br><b>1975 HAWTHORNE ST<br/>SARASOTA FL 34239</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                      |                               |
|--------------------------------------|-------------------------------|
| <b>2</b> Principal Place of Business | <b>2a</b> Mailing Address     |
| <b>21</b> Suite, Apt. #, etc.        | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State               | <b>27</b> City & State        |
| <b>23</b> Zip                        | <b>28</b> Zip                 |
| <b>24</b> Country                    | <b>30</b> Country             |

|   |  |
|---|--|
| <b>3</b> Date Incorporated or Qualified<br><b>05/13/1997</b>  |  |
| <b>4</b> FEI Number<br><b>65-0755875</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5</b> Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| <b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**  
**SLEVIN, DONALD J M.D.**  
**1975 HAWTHORNE ST**  
**SARASOTA FL 34239**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> 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**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>DS</b>                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>BROWN, RICHARD M.D.</b>         |  |
| STREET ADDRESS | <b>3131 S TAMiami TRAIL</b>        |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34239</b>           |  |
| TITLE          | <b>DT</b>                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>COVER, DOMENICK M.D.</b>        |  |
| STREET ADDRESS | <b>1921 WALDEMERE ST SUITE 413</b> |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34239</b>           |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>FLEGLER, BRUCE M</b>            |  |
| STREET ADDRESS | <b>1895 FLOYD ST</b>               |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34239</b>           |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>HOEFER, RICHARD</b>             |  |
| STREET ADDRESS | <b>1219 E AVENUE S SUITE 301</b>   |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34230</b>           |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>LAZIN, ANDREW</b>               |  |
| STREET ADDRESS | <b>1921 WALDEMERE ST SUITE 306</b> |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34239</b>           |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>SLEVIN, DONALD J</b>            |  |
| STREET ADDRESS | <b>1975 HAWTHORNE ST</b>           |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34239</b>           |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |  |
|---------------------------|--|
| <b>1.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>1.2</b> NAME           |  |
| <b>1.3</b> STREET ADDRESS |  |
| <b>1.4</b> CITY-ST-ZIP    |  |
| <b>2.1</b> TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>2.2</b> NAME           | <b>PULLIAM, ANDREW, M.D.</b>   |
| <b>2.3</b> STREET ADDRESS | <b>1921 WALDEMERE ST., SUITE 509</b>   |
| <b>2.4</b> CITY-ST-ZIP    | <b>SARASOTA, FL 34239</b>  |
| <b>3.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>3.2</b> NAME           |  |
| <b>3.3</b> STREET ADDRESS |  |
| <b>3.4</b> CITY-ST-ZIP    |  |
| <b>4.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>4.2</b> NAME           |  |
| <b>4.3</b> STREET ADDRESS |  |
| <b>4.4</b> CITY-ST-ZIP    |  |
| <b>5.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>5.2</b> NAME           |  |
| <b>5.3</b> STREET ADDRESS |  |
| <b>5.4</b> CITY-ST-ZIP    |  |
| <b>6.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>6.2</b> NAME           |  |
| <b>6.3</b> STREET ADDRESS |  |
| <b>6.4</b> 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.

**SIGNATURE:** Donald J. Slevin, M.D. *Donald J. Slevin* *4/23/98*

CR2E034 (10/97)