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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

**19**98

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F96000000706 (9)

INTEGRATED PROVIDER NETWORKS, INC.

2828 CORASDAILE DR.

**DURHAM NC** 

STREET ADDRESS

CiTY-ST-7IP

2828 CROASDAILE DR. ATTENTION: TAX DEPARTMENT **DURHAM NC 27705** P.O. BOX 15309 DO NOT WRITE IN THIS SPACE DURHAM NC 27704 3. Date Incorporated or Qualified 02/09/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For P.O. BOX 56-1529325 Not Applicable 61179 Suite. Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be NC Dur ham Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 fille if applicable (NOT: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE **X** Addition TITLE 1.1 TITLE Change DAUCHERT, EUGENE F JR Steven M. Scott MD NAME 1.2 NAME 2828 Croasdaile Drive 2828 CROASDAILE DR. STREET ADDRESS 1.3 STREET ADDRESS **DURHAM NC** Durham CITY-ST-ZIP 1.4 CITY-ST-ZIP 27705 DELETE X Addition 2 14 Change 2.1 TITLE WHITAKER, GARY R MD Victor Kalata NAME 2.2 NAME 2828 Croasdaily Drin 2828 CROASDAILE DR. STREET ADDRESS 2.3 STREET ADDRESS **DURHAM NC 27705** CITY-ST-ZIP 2. 4 CITY-ST-Z(P 27705 DELETE CEVP Addition As Change TITLE 3.1 TITLE ≾v₽ TABOR, STANLEY D. NAME 3.2 NAME Fritsch Kerri. 2828 CROASDAILE DR. 2828 crossdaile Drive STREET ADDRESS 3.3 STREET ADDRESS **DURHAM NC** CITY-ST-ZIP 3.4. CITY-\$1-ZIP Durham NC 27705 DELETE 4.1 TITLE Change X Addition TITLE ESCHELMAN, CURTIS J. M NAME Anita S. Wegner 2828 crossdaile Drive 4. 2 NAME 2828 CROASDAILE DR. STREET ADDRESS 4.3 STREET ADDRESS **DURHAM NC** Durham NC 27705 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE Miles, Kimberly J NAME 5 2 NAME 2828 CROASDAILE DR. STREET ADDRESS 5.3 STREET ADDRESS **DURHAM NC** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE VPCM 61 11116 Addition Jacobi, Peter D NAME 6.2 NAME

14. Thereby 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 arrival 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, of other additional mental with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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CR2E034 (10/97)

**FILED** 

Apr 30 1998 8:00am

Secretary of State