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Apr 28 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 # F96000001359 (6)

1. Corporation Name:
TELEPRACTICE, INC.



Principal Place of Business
4190 BELFORT ROAD, SUITE 340
JACKSONVILLE FL 32216

Mailing Address
4190 BELFORT ROAD, SUITE 340
JACKSONVILLE FL 32216-1469

3. Date Incorporated or Qualified
03/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANUM, STEPHEN D
4190 BELFORT ROAD, SUITE 340
JACKSONVILLE FL 32216

81 Name Sharon Dennis

82 Street Address (P.O. Box Number is Not Acceptable)
4190 Belfort Rd, Ste 340

83

84 City Jacksonville FL 85 Zip Code 32216

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

Sharon C. Dennis, CEO

(NOTE: Registered Agent signature required when reinstating)

March 31, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
FERRELL, ERNST M.D.
4130 SALISBURY RD., STE. 1100
JACKSONVILLE FL 32216

11 TITLE
12 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FERGUSON, JAMES DR.
448 EAST, 6400 SOUTH SUITE 350
SALT LAKE CITY UT 84107

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALEMI, FARROKH PH.D.
1801 E. 9TH, OHIO SAVINGS PLAZA, SUITE 500
CLEVELAND OH 44115

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BEIGIAN, KOOROSH
4190 BELFORT RD., STE. 340
JACKSONVILLE FL 32216

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
CEO (P)
SHARON C. DENNIS
4190 BELFORT ROAD, STE 340
JACKSONVILLE, FL 32216
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BRANUM, STEPHEN D
4190 BELFORT RD., STE. 340
JACKSONVILLE FL 32216

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
D
Irish D. Ferrell
6724 Epping Forest Way N.
Jacksonville, FL 32217
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KOEGLER, STEVEN
10151 DEERWOOD PARK BLVD, BLDG 100 STE 200
JACKSONVILLE FL 32216

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

Sharon C. Dennis

Date

Daytime Phone: 904-216-

0034920

CR2E034 (9/96)