

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004449 (1)**

1. Corporation Name

**PHYSICIAN PRACTICE INTEGRATOR, INC.**



Principal Place of Business <b>C/O DUFFEY &amp; DOLAN, PA 1800 2ND ST., #854 SARASOTA FL 34236</b>	Mailing Address <b>C/O DUFFEY &amp; DOLAN, PA 1800 2ND ST., #854 SARASOTA FL 34236</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/22/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>43-1771667</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. 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 <b>DOLAN, WILLIAM W C/O DUFFEY &amp; DOLAN, PA 1800 2ND ST., #854 SARASOTA FL 34236</b>				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'DONNELL, FRANCIS E JR			1.2 NAME	O'DONNELL, FRANCIS E JR		
STREET ADDRESS	1028 S. KIRKWOOD BLVD.			1.3 STREET ADDRESS	2033 MAIN ST., SUITE 406		
CITY-ST-ZIP	ST. LOUIS MO 63122			1.4 CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WETTIG, STEVE JR			2.2 NAME	WETTIG, STEVE JR		
STREET ADDRESS	1028 S. KIRKWOOD BLVD.			2.3 STREET ADDRESS	2033 MAIN ST., SUITE 406		
CITY-ST-ZIP	ST. LOUIS MO 63122			2.4 CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE	DC	<input type="checkbox"/> DELETE		3.1 TITLE	C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFFEY, SAMUEL S			3.2 NAME	DUFFEY, SAMUEL S.		
STREET ADDRESS	1028 S. KIRKWOOD BLVD.			3.3 STREET ADDRESS	2033 MAIN ST., SUITE 406		
CITY-ST-ZIP	ST. LOUIS MO 63122			3.4 CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	BADERTSCHER, DOUGLAS P		
STREET ADDRESS				4.3 STREET ADDRESS	2033 MAIN ST., SUITE 406		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

CHAIRMAN/DIRECTOR

4/24/98

(941) 917-0833

CR2E034 (10/97)