1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9700004449

1. Corporation Name

PHYSICIAN PRACTICE INTEGRATOR, INC.

Principal Place of Business C/O DUFFEY & DOLAN. PA					
C/O DUFFEY	& DOLAN, PA				

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90074 047 \*\*\*150.00



				ד היוסס יויסס ווססו ווגסג מווג מסון ססו ד	ומשו וושל שוסוס ולשלם ונקום לוקום וווסט ונשס ווומס	
Principal Place	e of Business	Mailing Address				
C/O DUFFEY 8	DOLAN. PA	C/O DUFFEY & DOLAN. PA		Ì		
1800 2ND ST., #854 1800 2ND ST., #854		DO NOT WRITE	IN TUIC CDACE			
SARASOTA FL	34236	SARASOTA FL 34236			IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				08/22/1997		
2. Principal P	lace of Business	2a. Mailing Address	· CL	4. FEI Number	Applied For	
21 203	3 Main St	26 2033 NVG	in St	43-1771667	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired [	\$8.75 Additional	
22 40	6·	27 406		J. Contracto di Citato Dource	Fee Required	
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 SAM2	asota FL	28 SARASOTA	7-6	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		
24 3423	37- 25 S(1245d)A	29 3423+ 30	SARASSIA	Personal Property Tax.	Yes No	
<u> </u>	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Reg	istered Agent	
			81 Name	WAL S TUESDA		
DOL	an, William W .		SAN	ILLE S. DUFFEY		
C/0	DUFFEY & DOLAN, PA		82 Street A	ddress (P.O. Box Number is Not Acceptable	·	
1800	2ND ST., #854		83		211227	
	ASOTA FL 34236		3+6	. 406	1,34234	
)			84 City	nencam	FL 85 Zip Code 37	
				Arasota		
11. Pursuant	11. Pursuant to the provisions of Sections \$07,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or boy of the purpose 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, any accept the pulications of Section 607.0505, Florida Statutes.					
agent. I a	m familiar with, and accept the obligat	ions of Section 607.0505, Florida	a Statutes.	and its board of directors. Thoroby decept in	20.00	
/						
SIGNATURE	Signature, types of prigled happen in gisty ed aggr	and title if applicable. (NOTE: Re	gistered Agent signature rec	uired when reinstating)	DATE	
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	VD	☐ DELETE	1.1 TITLE		Change  Addition	
NAME	O'DONNELL, FRANCIS E JR		1.2 NAME	•		
STREET ADDRESS	2033 MAIN STREET STE 406		1.3 STREET ADDRESS	_		
CITY-ST-ZIP	ST. LOUIS MO 63122		1.4 CITY-ST-ZIP	SARASOTA Florida	34237	
TITLE	ST	DELETE	2.1 TITLE		Change Addition	
NAME	WETTIG. STEVE JR		2.2 NAME	·		
	2033 MAIN STREET STE 406		2.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	ST. LOUIS MO 63122	DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE	DC .	☐ DELEIE	3.1 TITLE		- Chonge La Facilitati	
NAME	DUFFEY, SAMUEL S		3.2 NAME			
STREET ADDRESS	2033 MAIN STREET STE 406		3.3 STREET ADDRESS		2022	
CITY-ST-ZIP_	ST. LOUIS MO 63122		3.4. CITY-ST-ZIP	speasota, Floreida	34464	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	BADERTSCHER, DOUGLAS P		4. 2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	144111 OT OTT 400		4.3 STREET ADDRESS		(	
CITY-ST-ZIP	SARASOTA FL 34237	İ	4.4 CITY-ST-ZIP			
TITLE						
		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
1		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS		☐ DELETE			☐ Change ☐ Addition f	

DIRECTOR

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

TITLE

NAME

DELETE

(941) 917 0833

Change

Addition