


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90051 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000894

1. Corporation Name

PHYSICIAN SUPPORT SYSTEMS, INC.



Principal Place of Business PO BOX 127 LANDISVILLE PA 17538	Mailing Address PO BOX 127 LANDISVILLE PA 17538
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 1564 NE Expressway		3. Date Incorporated or Qualified 02/16/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Legal Dept		4. FEI Number 13-3624081	
City & State 23		City & State 28 Atlanta GA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 30329		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 USA		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	PDC	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILSON, PETER W			1.2 NAME	Yellowlees, R.A.		
STREET ADDRESS	RT 230			1.3 STREET ADDRESS	1564 NE Expressway		
CITY-STATE-ZIP	MT JOY PA 17552			1.4 CITY-STATE-ZIP	Atlanta GA 30329		
TITLE	VDC	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POTTER, HANNRON F III			2.2 NAME	Shea, K.C.		
STREET ADDRESS	RT 230			2.3 STREET ADDRESS	1564 NE Expressway		
CITY-STATE-ZIP	MT JOY PA 17552			2.4 CITY-STATE-ZIP	Atlanta GA 30329		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GELLER, DAVID S			3.2 NAME	Ingram, E.M.		
STREET ADDRESS	RT 230			3.3 STREET ADDRESS	1564 NE Expressway		
CITY-STATE-ZIP	MT JOY PA 17552			3.4 CITY-STATE-ZIP	Atlanta GA 30329		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEREWITZ, MORTIMER			4.2 NAME			
STREET ADDRESS	RT 230			4.3 STREET ADDRESS			
CITY-STATE-ZIP	MT JOY PA 17552			4.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, JEAN M			5.2 NAME			
STREET ADDRESS	RT 230			5.3 STREET ADDRESS			
CITY-STATE-ZIP	MT JOY PA 17552			5.4 CITY-STATE-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-STATE-ZIP				6.4 CITY-STATE-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 change I, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

404/728-2504

CR2E034 (11/98)