

4-24-97 B-5795 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 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 # H85118 (8)
 1. Corporation Name
PHYSICIAN & PROFESSIONAL ANSWERING SERVICE, INC.



Principal Place of Business: 3717 DEL PRADO BLVD., STE. 5 CAPE CORAL FL 33904
 Mailing Address: 3717 DEL PRADO BLVD., STE. 5 CAPE CORAL FL 33904-7144

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/13/1985	06/28/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2636073	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHRECKENGOST, BEVERLY A. 3717 DEL PRADO BLVD CAPE CORAL FL 33904				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR ALAN E.			1.2 NAME			
STREET ADDRESS	3720 E. 1ST AVE. 905 SE 31st Terrace			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP			
TITLE	DPT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHRECKENGOST, BEVERLY A.			2.2 NAME			
STREET ADDRESS	15124 RASMUSSEN ROAD 9015 E 31st Terrace			2.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL CAPE CORAL FL 33904			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Beverly A. Shreckengost* BEVERLY A. Shreckengost 4-21-97 941-549-2522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)