

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J20334 (5)**

1. Corporation Name
PHYSICIANS RESEARCH ASSOCIATES, INC.



Principal Place of Business: **3702 TUCKER DR. GREENVILLE NC 27858 US**
Mailing Address: **3702 TUCKER DR. GREENVILLE NC 27858 US**

3. Date Incorporated or Qualified: **06/20/1986**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **59-2687159**
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: Yes No

2. Principal Place of Business: **21 1630 Military Cutoff Rd Ste 108 Wilmington, NC 28403 USA**
2a. Mailing Address: **26 1630 Military Cutoff Rd Ste 108 Wilmington, NC 28403 USA**

9. Name and Address of Current Registered Agent
**KADERA, WANDA P CPA
3075 E OAKLAND PARK BLVD
SUITE 205
FT LAUDERDALE FL 33311**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: _____
Signature of type or printed name of registered agent, agent, or officer, if applicable. Registered Agent's signature required where applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | P | 11 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, ROBERT F MD | 12 NAME | Perry, Robert F. MD |
| STREET ADDRESS | 3702 TUCKER DR. | 13 STREET ADDRESS | 1630 Military Cutoff Rd, Ste 108 |
| CITY-ST-ZIP | GREENVILLE NC 27858 | 14 CITY-ST-ZIP | Wilmington, NC 28403 |
| TITLE | S | 21 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, APRIL W | 22 NAME | PERRY, April W |
| STREET ADDRESS | 3702 TUCKER DR. | 23 STREET ADDRESS | 1630 Military Cutoff, Rd Ste 108 |
| CITY-ST-ZIP | GREENVILLE NC 27858 | 24 CITY-ST-ZIP | Wilmington, NC 28403 |
| TITLE | Perry Robert F MD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1630 Military Cutoff Rd | 32 NAME | |
| STREET ADDRESS | Wilmington, NC 28403 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | Perry April W | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1630 Military Cutoff Rd | 42 NAME | |
| STREET ADDRESS | Wilmington, NC 28403 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **April W. Perry (April Perry)** 7/22/96 910-256-8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Printed #

CR2E034 (3/96)