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 # **L29299** **(9)**

1. Corporation Name

DOCTOR'S OFFICE NETWORK, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON 800 PRUFENTIAL DRIVE JACKSONVILLE FL 32207	C/O WILLIAM C. MASON 800 PRUFENTIAL DRIVE JACKSONVILLE FL 32207

2. Principal Place of Business	2a. Mailing Address
c/o William C. Mason	c/o William C. Mason
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd.
Suite, Apt. #, etc: 22 Suite 1700	Suite, Apt. #, etc: 27 Suite 1700
City & State: 23 Jacksonville, FL	City & State: 28 Jacksonville, FL
Zip: 24 32207 — Country: 25 USA	Zip: 29 32207 — Country: 30 USA

3. Date Incorporated or Qualified: 11/14/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3001427 — Applied For / Not Applicable
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

9. Name and Address of Current Registered Agent

SMITH HULSEY BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1700
84 City: Jacksonville FL 85 Zip Code: 32207

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] Harvey Granger 7-29-96
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: D NAME: MASON, WILLIAM C. STREET ADDRESS: 800 PRUDENTIAL DRIVE CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	1.1 TITLE: D 1.2 NAME: Mason, William C. 1.3 STREET ADDRESS: 1301 Riverplace Blvd., Suite 1700 1.4 CITY-ST-ZIP: Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE: DV NAME: GROOVER, JACK R. M.D. STREET ADDRESS: 820 PRUDENTIAL DRIVE CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	2.1 TITLE: D/V 2.2 NAME: Groover, Jack, R.,M.D. 2.3 STREET ADDRESS: 1301 Riverplace Blvd., Suite 1700 2.4 CITY-ST-ZIP: Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE: DP NAME: THOMPSON, CAROL C. STREET ADDRESS: 800 PRUDENTIAL DR CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	3.1 TITLE: D/P 3.2 NAME: Thompson, Carol C. 3.3 STREET ADDRESS: 1301 Riverplace Blvd., Suite 1700 3.4 CITY-ST-ZIP: Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE: D NAME: MCLEAR, WILLIAM Z. M.D. STREET ADDRESS: 800 PRUDENTIAL DRIVE CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DV NAME: PARRETT, DONALD O. STREET ADDRESS: 1325 SAN MARCO BLVD. SUITE 901 CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: DOOLITTLE, SANDRA STREET ADDRESS: 800 PRUDENTIAL DR CITY-ST-ZIP: JACKSONVILLE FL	☒ DELETE	6.1 TITLE: V 6.2 NAME: Harkness, Charles, M.D. 6.3 STREET ADDRESS: 1301 Riverplace Blvd., Suite 1700 6.4 CITY-ST-ZIP: Jacksonville, FL 32207	☐ Change ☒ Addition

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: [signature] Rebecca B. Jackson 7-29-96 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0002718 CP

DOCTOR'S OFFICE NETWORK, INC.

S/T Jackson, Rebecca B. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207