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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 1.29299** 

(9)

FILED	
May 02 1997 8:00am	1
Secretary of State	

1. Corporation Name DOCTOR'S OFFICE NETWORK, INC.  Principal Place of Business  C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207  JACKSONVILLE FL 32207								
US		U\$		3. Date Incorporated of 11/14/1989		Date of Last     08/05/199	•	
2. Principal (	Piace of Business	2a. Mailing Address		4. FEI Number		100,000,100	Applied For	
11		26		59-3001427			Not Applicable	
Suite, Apt	L #, €4C.	Suite, Apt. #, etc.		5. Certificate of Status	Desired		5 Additional Required	
City & Sta	ile	City & State		6. Election Campaign	Financing	\$5.0	00 May Be	
23		28		Trust Fund Contribu	ution 🔲		led to Fees	
Ζψι ! <b>4</b> ]	Country 25	Zip 29	Country 30	This corporation hat     Florida Statutes		ngible tax unde	er s. 199.032,	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Addres	s of New Registe	ered Agent		
	ANGER, HARVEY		81 Name					
130	neral counsel 11 riverplace blvd., suite 1 Cksonville fl	700	82 Street	Address (P.O. Box Number is N	Not Acceptable)			
UNU	ONDONVICEL 1 L		84 City	<u> </u>	<u> </u>	FL 85 2	Zip Code	
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the obt	ate of Florida. Such change was ligations of, Section 607.0505, F	authorized by the cor lorida Statutes.	corporation submits this states poration's board of directors. It	hereby accept the	e appointment	as registered	
office or agent. I SIGNATURE 12.	Signature, by ed or posted name of registered a	ate of Florida. Such change was ligations of, Section 607,0505, F age 2 and title d applicable (NC VND DIRECTORS	authorized by the corlorida Statutes.  TE Registered Agent signature  13.	poration's board of directors. I l	hereby accept the	e appointment iate 3 AND DIRECT	TORS IN 12	
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14. Ldo 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 the annual report of 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block U2 of Birk 13 if chapted of on an attachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE

Date

DOCTOR'S OFFICE NETWORK, INC.

S/T Jackson, Rebecca B.

1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207