


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

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May 02 1997 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                            | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L29299 (9)</b><br>1. Corporation Name<br><b>DOCTOR'S OFFICE NETWORK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| Principal Place of Business<br><b>C/O WILLIAM C. MASON<br/>1301 RIVERPLACE BLVD., SUITE 1700<br/>JACKSONVILLE FL 32207<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   | Mailing Address<br><b>C/O WILLIAM C. MASON<br/>1301 RIVERPLACE BLVD., SUITE 1700<br/>JACKSONVILLE FL 32207-9047<br/>US</b> |                                                                                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2a. Mailing Address                                                               |                                                                                                                            | 3. Date Incorporated or Qualified<br><b>11/14/1989</b>                                                                |  |
| 21. Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 26. Suite, Apt. #, etc.                                                           |                                                                                                                            | 3a. Date of Last Report<br><b>08/05/1996</b>                                                                          |  |
| 22. City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 27. City & State                                                                  |                                                                                                                            | 4. FEI Number<br><b>59-3001427</b>                                                                                    |  |
| 23. Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 28. Zip                                                                           |                                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                |  |
| 24. Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 29. Country                                                                       |                                                                                                                            | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 25. Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 30. Country                                                                       |                                                                                                                            | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 9. Name and Address of Current Registered Agent<br><b>GRANGER, HARVEY<br/>GENERAL COUNSEL<br/>1301 RIVERPLACE BLVD., SUITE 1700<br/>JACKSONVILLE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                   |                                                                                                                            | 10. Name and Address of New Registered Agent                                                                          |  |
| 81. Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            | 82. Street Address (P.O. Box Number is Not Acceptable)                                                                |  |
| 83. City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            | 84. Zip Code                                                                                                          |  |
| 85. State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 4.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 6.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 6.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| 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)(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 changed, or on an attachment with an address. |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| SIGNATURE <i>[Signature]</i> <b>Rebecca B. Jackson, Secretary 4-23-97 904/202-4001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                            |                                                                                                                       |  |



CR2E034 (9/96)

**DOCTOR'S OFFICE NETWORK, INC.**

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