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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90141 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L29299

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
US

Mailing Address

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

GRANGER, HARVEY
GENERAL COUNSEL
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MASON, WILLIAM C.
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE

NAME GROOVER, JACK R. M.D.
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☐ DELETE

NAME THOMPSON, CAROL C.
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME MCLEAR, WILLIAM Z. M.D.
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE

NAME PARRETT, DONALD O.
STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 901
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME HARKNESS, CHARLES M
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:  REQUIRED Secretary

4-23-99

904/202-4005

Date

Daytime Phone #

CR2E034 (1/98)