


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

FILED  
Feb 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M98090 (7)**

1. Corporation Name:  
**PHYSICIANS FINANCIAL RESOURCE, INC.**



Principal Place of Business <b>1690 ARABIAN LANE PALM HARBOR FL 34685-3342 US</b>	Mailing Address <b>1690 ARABIAN LANE PALM HARBOR FL 34685-3343 US</b>
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3. Date Incorporated or Qualified <b>09/09/1988</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business 21 <b>8420 ULMERTON RD.</b>	2a. Mailing Address 26 <b>8420 ULMERTON RD.</b>
Suite, Apt. #, etc. 22 <b>SUITE 402</b>	Suite, Apt. #, etc. 27 <b>SUITE 402</b>
City & State 23 <b>LARGO, FLORIDA</b>	City & State 28 <b>LARGO, FLORIDA</b>
Zip 24 <b>33771</b>	Country 25 <b>USA</b>
Zip 29 <b>33771</b>	Country 30 <b>USA</b>

4. FEI Number <b>59-2904801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KLAK, KENNETH P.  
1690 ARABIAN LANE  
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLAK, KENNETH P</b>	
STREET ADDRESS	<b>1690 ARABIAN LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> DELETE
NAME	<b>KLAK, ANDREA M</b>	
STREET ADDRESS	<b>1690 ARABIAN LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOHN, CLIFFORD B</b>	
STREET ADDRESS	<b>4033 BLUFF OAK COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VISIT KLAK, ANDREA M.</b>
23 STREET ADDRESS	<b>1690 ARABIAN LANE</b>
24 CITY-ST-ZIP	<b>PALM HARBOR FL</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** Date: **2/10/97** Daytime Phone #: **(813) 530-7833**

CFR2E034 (9/96)