


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000000224 (5)</b> 1. Corporation Name <b>PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, I NC.</b>					
Principal Place of Business <b>SOUTH FLORIDA BAPTIST HOSPITAL, INC. 301 N. ALEXANDER STREET PLANT CITY FL 33566 US</b>			Mailing Address <b>P.O. DRAWER H PLANT CITY FL 33564</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country			2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		
9. Name and Address of Current Registered Agent <b>ANDERSON, WILLIAM H SOUTH FLORIDA BAPTIST HOSPITAL, INC. 301 N. ALEXANDER STREET PLANT CITY FL 33566</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>William G. Ulbright</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 N. Alexander St.</b> <b>83</b> <b>84</b> City <b>Plant City</b> <b>FL</b> <b>85</b> Zip Code <b>33566</b>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.1504, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE <b>4/1/98</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 617, 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> DATE <b>4/1/98</b> DAYTIME PHONE # <b>813/257-1245</b>					

CR2E037 (10/97)