FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JUL -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003649 (8)

1. Corporation Name
INTEGRATED PHYSICIAN SERVICES, INC.

Principal Place of Business
301 N. ALEXANDER ST.
PLANT CITY FL 33566

Mailing Address
301 N. ALEXANDER ST.
PLANT CITY FL 33566-4303

3. Date Incorporated or Qualified: 07/11/1996
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3404509 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ANDERSON, WILLIAM H
301 N. ALEXANDER ST.
PLANT CITY FL 33566

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 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 617.0503, Florida Statutes.

SIGNATURE: William H Anderson — 7-2-97
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	P/D	[ ] DELETE
NAME	ANDERSON, WILLIAM H	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S/T/D	[ ] DELETE
NAME	ULBRICHT, WILLIAM G	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	[X] DELETE
NAME	SALVATO, MICHAEL M.D.	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	[ ] DELETE
NAME	BUTLER, STEPHEN M.D.	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [X] Addition
1.2 NAME	THALL, GEORGE R.	
1.3 STREET ADDRESS	301 N. ALEXANDER ST.	
1.4 CITY-ST-ZIP	PLANT CITY FL 33566	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME	700002229997---1	
2.3 STREET ADDRESS	-07/03/97--01061--025	
2.4 CITY-ST-ZIP	*****61.25 *****61.25	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME	700002229997---1	
3.3 STREET ADDRESS	-07/03/97--01061--026	
3.4 CITY-ST-ZIP	******8.75 ******8.75	
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		

a alan 7/3/97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)