

2001 UNIFORM BUSINESS REPORT (UBR)

0025069

DOCUMENT # P00000016956

1. Entity Name

PRACTICE ENHANCEMENT NETWORK OF FLORIDA, INC.

FILED

01 MAY -8 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

315 S. CALHOUN ST., STE. 600
TALLAHASSEE FL 32301

315 S. CALHOUN ST., STE. 600
TALLAHASSEE FL 32301

2. Principal Place of Business

400 North Ashley Drive

3. Mailing Address

400 North Ashley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2300

Suite 2300

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33602

33602

6. Name and Address of Current Registered Agent

INTRSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOT

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director / Chairman of the Board	<input type="checkbox"/> Delete
NAME	Morris H. Miller	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Director / President	<input type="checkbox"/> Delete
NAME	Dale J. Anderson	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Director / Treasurer	<input type="checkbox"/> Delete
NAME	Thomas H. Dyer	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Thomas G. Tinsley	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Director	<input type="checkbox"/> Delete
NAME	G. Wilmer Miller	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	L. Kinder Cannon III	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)