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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P23744 (6)

1. Corporation Name
PROFESSIONAL MEDICAL RESOURCES, INC.

Principal Place of Business
5901-B PEACHTREE-DUNWOODY ROAD
#B-100
ATLANTA GA 30328

Mailing Address
5901-B PEACHTREE-DUNWOODY ROAD
#B-100
ATLANTA GA 30328-5382

3. Date Incorporated or Qualified 04/05/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1479845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 11660 Alpharetta Highway Suite, Apt. #, etc.	26 11660 Alpharetta Highway Suite, Apt. #, etc.
22 Suite 650 City & State	27 Suite 650 City & State
23 Roswell, GA Zip	28 Roswell, GA Zip
24 30076	29 30076
25 Country	30 Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPLING, LOUIS	1.2 NAME	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	1.3 STREET ADDRESS	11660 Alpharetta Highway
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLTNER, LORI	2.2 NAME	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	2.3 STREET ADDRESS	11660 Alpharetta Highway
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	Roswell, Ga 30076
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, BARBARA	3.2 NAME	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	3.3 STREET ADDRESS	11660 Alpharetta Highway
CITY - ST - ZIP	ALTANTA GA	3.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDGE, RICHARD	4.2 NAME	
STREET ADDRESS	5901 PEACHTREE DUNWOODY	4.3 STREET ADDRESS	11660 Alpharetta Highway
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	R. Lee Robinson
STREET ADDRESS		5.3 STREET ADDRESS	11660 Alpharetta Highway
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Roswell, GA 30076
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: R. Lee Robinson 4/29/97 (770) 752-5570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012080

CR2E034 (9/96)