May 06, 1999 8:00 am Secretary of State

05-06-1999 90124 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23744

PROFESSIONAL MEDICAL RESOURCES, INC.

Principal Place	e of Business	Mailing Address								
11660 ALPHARE	ETTA HIGHWAY	11660 ALPHARETTA HIGHWAY	Y		- 1					
STE 650		STE 650								
ROSWELL GA 30076		ROSWELL GA 30076			<u> </u>	DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorpora		į.		
						04/05/1989				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21		26				58-1479845	;		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				s Contituents of Ci	tatus Boolead			Additional
22		27			ļ	5. Certifcate of St	alus Desired	Ų	Fee R	equired
City & State		City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28				Trust Fund Co				to Fees
Zip	Country	Zip	Country			8. This corporation	n owes the cur	rent vear Int	anaible	
⊢ , `	25	29	- '			Personal Prope		Tom your	I Pes	□No
24	9. Name and Address of Current I	<u>, </u>	"		111111	10. Name and Ad	-	Registered .	Agent	
	g. Name and Address of Current	registered Agent	81	Name						
CT CORPORATION SYSTEM				``						
1200 S. PINE ISLAND ROAD			82	Street	Address	(P.O. Box Numbe	r is Not Accept	table)		
PLANTATION FL 33324							 			
PLAN	MIATION FL 33324		83							
			84	City					85 Zip	Code
			04	City				FL		5545
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the abov	e-named	corporat	tion submits this st	atement for the	purpose of	changing it	s registered
l office or n	egistered agent, or both, in the State of	Florida, Such change was auti	horized by	the corp	oration's	board of directors	. I hereby acce	pt the appoi	ntment as r	egistered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607,0505, Florid	ia Sialule:	s.						
SIGNATURE										i
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	Signature, typed or printed name of registered agent a		<u> </u>	nt signature	required whe	en reinstating)	ANGES TO OF	DATE FEICERS AN	ID DIRECT	ORS IN 12
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	13.	nt signature		en reinstating) ADDITIONS/CH	ANGES TO OF			
12.	OFFICERS AND		13.		PD	ADDITIONS/CH		FFICERS AN	☐ Change	ORS IN 12 Addition
12.	OFFICERS AND T DURHAM, STEPHANIE	DIRECTORS	13.		PD	ADDITIONS/CH		FFICERS AN	☐ Change	
12.	OFFICERS AND T DURHAM, STEPHANIE 11660 ALPHARETTA HIGHWAY	DIRECTORS	13.		PD	ADDITIONS/CH		FFICERS AN	☐ Change	
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR