FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000015440 (0)**

1. Corporation Name

PRINCETON MEDICAL MANAGEMENT NORTHEAST, INC.

Principal Place of Business	Mailing Address
2739 US HWY 19 NORTH STE 310 HOLIDAY FL 34691 US	2739 US HWY 19 STE 310 HOLIDAY FL 34691 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 09/21/1994
4. FEI Number: 59-3172086 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $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 ☐ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ County 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALOG, ANDREW E. 2739 US HWY 19 STE 310 HOLIDAY FL 34691	81 Name: George P. Russell III 82 Street Address (P.O. Box Number is Not Acceptable): 2739 U.S. Highway 19, N. 83 Suite 300 84 City: Holiday FL 85 Zip Code: 34691

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: George P. Russell III Secretary 5/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	GINGLE, TERRY D	1.2 NAME	Kurt Andersen
STREET ADDRESS	2739 U.S. HIGHWAY 19 NORTH, #310	1.3 STREET ADDRESS	2739 US Highway 19 North, Suite 300
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	D	2.1 TITLE	S ☒ Change ☐ Addition
NAME	HAUSDORFF, OSCAR L	2.2 NAME	George P. Russell III
STREET ADDRESS	2739 U.S. HIGHWAY 19 NORTH, #310	2.3 STREET ADDRESS	2739 US Highway 19 North, Suite 300
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: George P. Russell III Secretary 5/11/95 813 942-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0373972 CP