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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000064950 (7)

1. Corporation Name

PHYSICIANS PLUS, INC.

Principal Place of Business

4439 PARK BLVD
PINELLAS PARK FL 34665

Mailing Address

4439 PARK BLVD
PINELLAS PARK FL 34665
P.O. Box 598
Pinellas Park, FL 33780-0598

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1993

4. FEI Number

59-3201487

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2660-5th Avenue North
Suite, Apt. #, etc.

22

23 City & State
St. Petersburg, Florida

24 Zip
33713

25 Country
USA

2a. Mailing Address

26 P.O. Box 598
Suite, Apt. #, etc.

27

28 City & State
Pinellas Park, Florida

29 Zip
33780-0598

30 Country
USA

9. Name and Address of Current Registered Agent

PRESTON, DAVID B DC
4439 PARK BLVD
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name
David B. Preston, D.C.

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

2660-5th Avenue North

83

84 City
St. Petersburg

FL

85 Zip Code
33713

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

David B. Preston, President

3/21/98

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
PRESTON, DAVID B
4439 PARK BLVD
PINELLAS PARK FL 34665 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRES. V.P., SEC. TREAS.
DAVID B. PRESTON
2660 5th Avenue North
St. Petersburg FL 33713 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

David B. Preston

3/21/98

813.327.4522

CR2E034 (10/97)