

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000080727 (9)**

1. Corporation Name
PRINCETON MEDICAL MANAGEMENT SOUTHEAST, INC.

95 MAY 16 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2739 U.S. HIGHWAY 19 SUITE 310 HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1993** 3a. Date of Last Report **09/21/1994**

4. FEI Number **59-3213166** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 28 City & State

23 Zip Country 29 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALOG, ANDREW E
2739 U.S. HIGHWAY 19
SUITE 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,
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* **George P. Russell III, Secretary** DATE **5/11/95**

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **GINGLE, TERRY D**
STREET ADDRESS **2739 U.S. HIGHWAY 19, SUITE 310**
CITY - ST - ZIP **HOLIDAY FL 34691**

11 TITLE **71D** Change Addition
12 NAME **Kurt Andersen**
13 STREET ADDRESS **2739 US Highway 19, Suite 300**
14 CITY - ST - ZIP **Holiday, FL 34691**

TITLE **D**
NAME **HAUSDORFF, OSCAR L**
STREET ADDRESS **2739 U.S. HIGHWAY 19, SUITE 310**
CITY - ST - ZIP **HOLIDAY FL 34691**

21 TITLE **S** Change Addition
22 NAME **George P. Russell III**
23 STREET ADDRESS **2739 US Highway 19, Suite 300**
24 CITY - ST - ZIP **Holiday, FL 34691**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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* **George P. Russell III** DATE **5/11/95** (813) 942-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE