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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088542 (3)

PHYSICIAN RESOURCE ASSOCIATES, INC.

FILED Jan 16 1997 8:00am Secretary of State

	ace of Business	Mailing Address	Mailing Address			I COULDADE HIG INSH NITH COLLE DANN ANNI WAS THE VALUE OLLE NITH AND THE COLLEGE FRANCE OF THE FIRST FRANCE			
5811 MEMORI TAMPA FL 33	HAL HIGHWAY, SUITE 208 3615	P.O. BOX 24746 Tampa Fl 33623-4746 US							
		03				3. Date Incorporated or Qualified 12/07/1994	3a. Date 04/15	of Last R /1996	eport
2. Principal 21	Place of Business	2a. Mailing Address 26				4. FEI Number 59-3279356		}	plied For Applicable
Suite, Ap	ot #, etc	Suite, Apt. #.	etc.			5. Certificate of Status Desired		\$8.75	Additional
City & St.	lale	City & State				6. Election Campaign Financing		Fee Re \$5.00	
3		28				Trust Fund Contribution		Added (
Zip	Country	Zip	ļ ₁	Country		8. This corporation has tiability for in			199.032,
24	25 9, Name and Address of Cur	rent Registered Agent	30	 -		Florida Statutes 10. Name and Address of New Reg	Yes 🔲		
Till	ILLY, JIM	Toni negistered Agent		81	Name	10, Name and Address (1 1464 116)	Jieronou wy		
	307 NORWOOD DRIVE			00	Ct 4 A m -1 -	/0.0 D			
	MPA FL 33624			82	Street Addr	ess (P.O. Box Number is Not Acceptable	ie}		
				83					
				84	City		<u></u>	85 Zip (Code
11. Pursuar	nt to the provisions of Sections 607.0	0502 and 607.1508, Florid	da Statutes, the	above-r	named corp	poration submits this statement for the p	FL urpose of c	hanging it	s registere
office or agent. I	ir registered agent, or both, in the St Lam familiar with, and accept the ob	ate of Florida. Such char senations of Section 607.	ige was authori. 0505: Florida S	ized by ti Statutes	he corporati	ion's board of directors. I hereby accep	t the appoir	ntment as	registered
SIGNATURE	•	and to the control of	.ooo, Honda o	Jita Colo					
	Signative ity est as proden name of supersons				signature requir	ed when reinstating)	DATE		
12.	OFFICERS.	AND DIRECTORS		1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12
	''	4	1			7/5/6/6	L		Jan Madill
NAME	ROSATI, ALBERT	~	1.3	2 NAME	onneer 7	TISIBIC TIM	L	_ onungo	A Pusilin
name Street addres:	ROSATI, ALBERT 5811 MEMORIAL HWY., #20	~	t.; 1.3	2 NAME 3 STREET AL	DORESS 7/6	415/0/C 444, JIH 1307 NORWOOD DRIVE 14102 F/ 33624	L) Cumido	pag radiii
NAME Street address City-St-Zip	ROSATI, ALBERT	~	1.3 1.3 1.9	2 NAME	DDRESS 16	T/S/D/C ULLY JIM 307 NORWOOD DRIVE HMPA FL 33624		Change	
name Street address City-SI-Zip Title	ROSATI, ALBERT 5811 MEMORIAL HWY., #20	9	1.3 1.3 1.4 (LETE 2.5	2 NAME 3 STREET AL 4 CITY-ST-	DDRESS 16	TISIBIC TILLY, JIM 307 NORWOOD DRIVE THIPA FL 33624			
name Street address City-SI-Zi ^o Title Name	ROSATI, ALBERT 5811 MEMORIAL HWY., #20 TAMPA FL	9	1.3 1.3 1.4 ELETE 2.2 2.3	2 NAME 3 STREET AL 4 CITY-ST- 2 TITLE		TISIBIC ULLY, JIM 307 NORWOOD DRIVE THPA FL 33624			
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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 this 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:

STURE AND TYPED OH PRINTED NAME OF SIGNING OF CER OR DIRECTOR

1-4-97

Daytime Phone #

0369657