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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000057631 (0)

1. Corporation Name

PHYSICIANS BUSINESS NETWORK, INC.



Principal Place of Business

130 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

Mailing Address

130 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

NA

2. Principal Place of Business

2a. Mailing Address

21 341 N. MAITLAND AVE.

26 341 N. MAITLAND AVE.

4. FEI Number

59-3355309

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 280

27 SUITE 280

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 MAITLAND, FL

28 MAITLAND, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32751

25 USA

Zip

Country

29 32751

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, ALAN H
800 N MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

81 Name

JAMES CARLSEN, MD

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

641 WORTHINGTON DR.

83

84 City

WINTER PARK,

FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Pres.

JAMES CARLSEN, MD

641 WORTHINGTON DR.

WINTER PARK, FL 32789

Sec/Tres

JONATHAN C. HAUSHEER, MD

771 DOMMERICH DR.

MAITLAND, FL 32751

Dir/VP

KEVIN P. THONI, MD

130 SPRING VALLEY LOOP

ALTAMONTE SPRINGS, FL 32714

Dir.

DOUGLAS A. CONIGLIARO, MD

251 READING WAY

WINTER PARK, FL 32789

Dir.

B. GREG FOLEY, MD

PO BOX 547996

ORLANDO, FL 32854-7996

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(407)645-1682

Date

Daytime Phone #

CR2E034 (12/95)