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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
341 N. MAITLAND AVE. STE. 280 MAITLAND FL 32751 US	341 N. MAITLAND AVE. STE. 280 MAITLAND FL 32751-4761 US

3. Date Incorporated or Qualified: **07/25/1995**
3a. Date of Last Report: **05/01/1996**

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

4. FEI Number: **59-3355309** ☐ 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

9. Name and Address of Current Registered Agent

CARLSEN, JAMES M
641 WORTHINGTON DR.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLSEN, JAMES M		1.2 NAME		
STREET ADDRESS	641 WORTHINGTON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAUSHEER, JONATHAN M		2.2 NAME		
STREET ADDRESS	771 DOMMERICH DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THONI, KEVIN P MD		3.2 NAME		
STREET ADDRESS	130 SPRING VALLEY LOOP		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONIGLIARO, DOUGLAS A MD		4.2 NAME		
STREET ADDRESS	251 READING WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, B. G MD		5.2 NAME		
STREET ADDRESS	PO BOX 547996		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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: _____ 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #