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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057631 (0)

1. Corporation Name

PHYSICIANS BUSINESS NETWORK, INC.

Principal Place of Business

Mailing Address

341 N. MAITLAND AVE.  
STE. 200  
MAITLAND FL 32751  
US

341 N. MAITLAND AVE.  
STE. 200  
MAITLAND FL 32751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

59-3355309

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

21 291 Southhall Ln

Suite, Apt. #, etc.

22

City & State

23 Maitland, FL.

Zip

24 32751

Country

25

2a. Mailing Address

26 291 Southhall Ln.

Suite, Apt. #, etc.

27

City & State

28 Maitland, FL.

Zip

29 32751

Country

30

9. Name and Address of Current Registered Agent

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

331 Cortland Ave.  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
HAUSHEER, JONATHAN M  
771 DOMMERICH DR.  
MAITLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
THONI, KEVIN P MD  
130 SPRING VALLEY LOOP  
ALTAMONTE SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
CONIGLIARO, DOUGLAS A MD  
251 READING WAY  
WINTER PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
FOLEY, B. G MD  
PO BOX 547988  
ORLANDO FL

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

P  
Carlson, James M.  
331 Cortland Ave.  
Winter Park, FL 32789

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP  
HOUSE, JEFFREY T  
3048 ALASKA CT  
LONGWOOD, FLA 32779

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

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

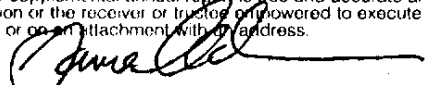
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☐ Change ☐ Addition

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 or 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:



4/13/98 (407) 1007-0444

CR2E034 (10/97)