[redacted]LE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000058801 (8)

1. Corporation Name

PHYSICIAN SEARCH ASSOCIATES, INC.

Principal Place of Business: ~~2645 HIGHWAY 98 WEST MARY ESTHER FL 32569~~ 725 HWY 98 E, STE F DESTIN, FL 32540

Mailing Address: POST OFFICE BOX ~~311~~ 1687 ~~FORT WALTON BEACH FL 32549-0311~~ DESTIN, FL 32540-1687

2. Principal Place of Business (21)	725 HWY 98E
Suite, Apt. #, etc (22)	SUITE F
City & State (23)	DESTIN, FL
Zip (24)	FL 32541
Country (25)	OKALOOSA
2a. Mailing Address (26)	P.O. Box 1687
Suite, Apt. #, etc. (27)	
City & State (28)	DESTIN, FL
Zip (29)	FL 32540-1687
Country (30)	OKALOOSA

3. Date Incorporated or Qualified: 07/29/1995
3a. Date of Last Report:
4. FEI Number: 35-1796897 ☐ 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

SWITZER-STROUP, MITZI J
2645 HIGHWAY 98 WEST
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name	MITZI J. SWITZER
82 Street Address (P.O. Box Number is Not Acceptable)	P.O. BOX 1687
83	725 HWY 98 E
84 City	DESTIN FL
85 Zip Code	32540

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 ________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SWITZER-STROUP, MITZI J	
STREET ADDRESS	2645 HIGHWAY 98 WEST	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	MITZI J. SWITZER — ADDRESS	
1.3 STREET ADDRESS	~~P.O. BOX 1687~~ 637 INDIGO LOOP NORTH	
1.4 CITY-ST-ZIP	DESTIN, FL 32540	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Mitzi J. Switzer MITZI J. SWITZER 5/5/96 904-654-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #