

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086473 (2)

1. Corporation Name

PHYSICIAN REVENUE PRODUCTION, INC.



Principal Place of Business

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

Mailing Address

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3358167

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

10. Name and Address of New Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

81. Name

BENJAMIN ARONSON

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

5085 MEDORAS AVENUE

83.

84. City

ST. AUGUSTINE

FL

85. Zip Code

32084

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

Benjamin Aronson

(Print Name of Registered Agent) (Print Name of New Registered Agent)

5/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

President/Secretary

DELETED

NAME

ARONSON, BENJAMIN

STREET ADDRESS

5085 MEDORAS AVENUE

CITY-ST-ZIP

ST. AUGUSTINE FL 32084

TITLE

D

CLABORN, B. D.

DELETED

NAME

CLABORN, B. D.

STREET ADDRESS

5085 MEDORAS AVENUE

CITY-ST-ZIP

ST. AUGUSTINE FL 32084

TITLE

D

V. President

DELETED

NAME

ARONSON, MURIEL K

STREET ADDRESS

5085 MEDORAS AVENUE

CITY-ST-ZIP

ST. AUGUSTINE FL 32084

TITLE

DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Benjamin Aronson, President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5/10/96 (904) 461-3131

CR2E034 (12/95)