FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2a. Mailing Address

Suite, Apt #, etc.

26

5085 MEDORAS AVENUE

ST. AUGUSTINE FL 32084-7173

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

5085 MEDORAS AVENUE

ST. AUGUSTINE FL 32084

Suite, Apt. #, etc.

21

NAMA

STREET ACCORESS:

appears in Block 12 or Block

SIGNATURE:

CHY-ST-7P



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

305/15/1996

Applied For

\$8.75 Additional

Not Applicable

Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086473 (2)

PHYSICIAN REVENUE PRODUCTION, INC.

5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zφ Country Zipi 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ARONSON, BENJAMIN Name **5085 MEDORAS AVENUE** Street Address (P.O. Box Number is Not Acceptable) ST.AUGUSTINE FL 32084 83 84 City 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 Supulture: Typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE 1.1 TITLE Change Addition TITLE ARONSON, BENJAMIN NAME 1.2 NAME 5085 MEDORAS AVENUE STREET ADORESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 011Y-51-7IF 1.4 CITY-ST-ZIP W DELETE THUE 2.1 TITLE Change Addition ARONSON, MURIEL K MARIE 2.2 NAME **5085 MEDORAS AVENUE** STREET ADORESS 2.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST ZIE 2.4 CITY-ST-ZIP DELETE Change Addition DELE 31 TITLE NAM-3.2 NAME STECL LADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CID'- ST 20 DELETE Addition THLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS Crity - ST- ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STECL LADURESS 5.3 STREET ADDRESS Oly-St 7P 5.4 CITY-ST-ZIP DELETE TILLE Change Addition 6.1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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