

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 21 1997 8:00am Secretary of State	
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 32084-7173		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1995
21 Suite, Apt #, etc.			26 Suite, Apt #, etc.		3a. Date of Last Report 05/15/1996
22 City & State			27 City & State		4. FEI Number 59-3358167
23 Zip Country			28 Zip Country		Applied For Not Applicable
24			29		30
9. Name and Address of Current Registered Agent ARONSON, BENJAMIN 5085 MEDORAS AVENUE ST.AUGUSTINE FL 32084			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					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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: BENJAMIN ARONSON					

CR2E034 (9/96)