

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000089966 (2)**  
1. Corporation Name  
**PHYSICIAN'S NETWORK MANAGEMENT, INC.**



Principal Place of Business <b>3600 5TH AVENUE NORTH ST. PETERSBURG FL 33713</b>	Mailing Address <b>3600 5TH AVENUE NORTH ST. PETERSBURG FL 33713-7504</b>
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2. Principal Place of Business 21 <b>2323 Curlew Road</b>		2a. Mailing Address 26 <b>2323 Curlew Road</b>		3. Date Incorporated or Qualified <b>01/01/1996</b>	3a. Date of Last Report
22 Suite, Apt. #, etc <b>Suite 7C</b>		27 Suite, Apt. #, etc <b>Suite 7C</b>		4. FEI Number <b>65-0633043</b>	Applied For Not Applicable
23 City & State <b>Palm Harbor, FL</b>		28 City & State <b>Palm Harbor, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>34683</b>		29 Zip <b>34683</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25 Country <b>USA</b>		30 Country <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARSHALL-PFEFFER, MARSHA 3600-5TH AVENUE NORTH ST. PETERSBURG FL 33713</b>				10. Name and Address of New Registered Agent			
				81 Name <b>J. Mark Abernathy</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2323 Curlew Road, Suite 7E</b>			
				83			
				84 City <b>Palm Harbor</b>	85 State <b>FL</b>	86 Zip Code <b>34683</b>	

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 *J. Mark Abernathy* **J. Mark Abernathy** DATE **4/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARSHALL-FEPPER, MARSHA</b>		1.2 NAME <b>J. Mark Abernathy</b>	
STREET ADDRESS <b>3600-5TH AVENUE NORTH</b>		1.3 STREET ADDRESS <b>2323 Curlew Road, Suite 7E</b>	
CITY - ST - ZIP <b>ST. PETERSBURG FL 33713</b>		1.4 CITY - ST - ZIP <b>Palm Harbor, FL 34683</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Charles J. Jacobson</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>2323 Curlew Road, Suite 7E</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>Palm Harbor, FL 34683</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Sharon M. Gray</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>2323 Curlew Road, Suite 7E</b>	
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>Palm Harbor, FL 34683</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 in an attachment with an address.

SIGNATURE *Sharon M. Gray* **Sharon M. Gray, Secretary/Treas.** DATE **4/17/97** PHONE **813-785-9800**

CR2E034 (9/96)