

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

FILED

May 02 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089966 (2)

1. Corporation Name

PHYSICIAN'S NETWORK MANAGEMENT, INC.

Principal Place of Business

3600 5TH AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address

3600 5TH AVENUE NORTH
ST. PETERSBURG FL 33713-7504

3. Date Incorporated or Qualified

01/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 2323 Curlew Road

Suite, Apt. #, etc.
22 Suite 7C

City & State

23 Palm Harbor, FL

Zip

24 34683

Country

25 USA

2a. Mailing Address

26 2323 Curlew Road

Suite, Apt. #, etc.

27 Suite 7C

City & State

28 Palm Harbor, FL

Zip

29 34683

Country

30 USA

4. FEI Number

65-0633043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MARSHALL-PFEFFER, MARSHA
3600-5TH AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

J. Mark Abernathy

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

2323 Curlew Road, Suite 7E

83

84 City

Palm Harbor

FL

85 Zip Code

34683

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

4/17/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETENAME MARSHALL-FEPPER, MARSHA
STREET ADDRESS 3600-5TH AVENUE NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33713TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

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STREET ADDRESS

CITY - ST - ZIP

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 P/D ☐ Change ☒ Addition

1.2 NAME J. Mark Abernathy

1.3 STREET ADDRESS 2323 Curlew Road, Suite 7E

1.4 CITY - ST - ZIP Palm Harbor, FL 34683

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME Charles J. Jacobson

2.3 STREET ADDRESS 2323 Curlew Road, Suite 7E

2.4 CITY - ST - ZIP Palm Harbor, FL 34683

3.1 TITLE S/T/D ☐ Change ☒ Addition

3.2 NAME Sharon M. Gray

3.3 STREET ADDRESS 2323 Curlew Road, Suite 7E

3.4 CITY - ST - ZIP Palm Harbor, FL 34683

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

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

4/17/97 813-785-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)