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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042397 (5)

1. Corporation Name

FLORIDA PHYSICIANS INTERNET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

595 OAK COMMONS BLVD.
KISSIMMEE FL 34741

595 OAK COMMONS BLVD.
KISSIMMEE FL 34741

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRKIN & WOOLF
1700 PALM BEACH LAKES BLVD.
SUITE 580
WEST PALM BEACH FL 33401

81

Name

Corporation Service Company

82

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

83

1201 Hays Street

84

City

Tallahassee

FL

85

Zip Code

32301

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

Karen B. Rozar, As Its Agent

4-27-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME TAI, A. RAZZAK
STREET ADDRESS 4318 TIDEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32812

200002504072--4
-04/28/98--01124--009
****150.00 ****150.00

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME RIEWOLD, RONALD
STREET ADDRESS 595 OAK COMMONS BLVD.
CITY-ST-ZIP KISSIMMEE FL 34741

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME TAI, SHAHNAZ
STREET ADDRESS 595 OAK COMMONS BLVD.
CITY-ST-ZIP KISSIMMEE FL 34741

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME KOBRIN, ARTHUR
STREET ADDRESS 595 OAK COMMONS BLVD.
CITY-ST-ZIP KISSIMMEE FL 34741

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

4/27/98

CR2E034 (10/97)