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May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000042525 (1)**

1. Corporation Name

MRHS PHYSICIANS I, INC.

Principal Place of Business

**121 N.W. THIRD STREET
OCALA FL 34475-6695**

Mailing Address

**121 N.W. THIRD STREET
OCALA FL 34475-6695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

59-3376850

Applied For

Not Applicable

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

**SIMONS, GARY C
121 N.W. THIRD STREET
OCALA FL 34475-6695**

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

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 **C** ☐ DELETE

NAME **SPENCER, RONALD P**
STREET ADDRESS **1500 SE 17TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **STD** ☐ DELETE

NAME **KITOS, ROBERT P M.D.**
STREET ADDRESS **1500 SE 17TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ DELETE

NAME **MANNS, RICHARD C M.D.**
STREET ADDRESS **1500 SE 17TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ DELETE

NAME **DYER, MITCHELL T M.D.**
STREET ADDRESS **131 SW 15TH STREETT**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ DELETE

NAME **MUTARELLI, RICHARD D M.D.**
STREET ADDRESS **131 SW 15TH STREETT**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0466091

CR2E034 (10/97)