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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

POCUMENT # P96000054800 (3)

DRG MANAGEMENT, INC.

Principal Place of Business Mailing Address 5872 NORWOOD AVE 5872 NORWOOD AVE JACKSONVILLE FL 32208-5013 JACKSONVILLE FL 32208 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Zin Country Zio 8. This corporation has liability for intengible tax under s. 199.032, Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ri Name DIESEN, JAMES 5872 NORWOOD AVE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32208 83 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change 1.1 TITLE TITLE DIESEN, JAMES NAME 1.2 NAME 5872 NORWOOD AVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 10116 READ, STEVEN 2.2 NAME NAME 5872 NORWOOD AVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32208 2. 4 C(TY - \$1 - Z(P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1111.6 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y+S1+Z(P DELFTE Change Addition 4.1 TOLE TITLE 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 5.1.101E TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+ \$1 - ZIP DELETE Change Change Addition 61 TITLE TITLE : 6.2 NAME NAME : **6.3 STREET ADDRESS** STREET ADDRESS

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

4-20-97