FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000054934 (0)**

1. Corporation Name
TOTAL DOCTORS NETWORK, INC.

Principal Place of Business	Mailing Address
12189 N. U.S. HIGHWAY ONE SUITE 2 NORTH PALM BEACH FL 33408	12189 N. U.S. HIGHWAY ONE SUITE 2 NORTH PALM BEACH FL 33408-2684

3. Date Incorporated or Qualified: 06/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 13901 U.S Hwy 1
Suite, Apt. #, etc.
22: 1
City & State
23: Juno Bch.
Zip 24: 33408 Country 25: U.S.A.

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0683428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTO, MARK W
12189 N. U.S. HIGHWAY ONE
SUITE 2
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: SUTO, MARK W
82 Street Address (P.O. Box Number is Not Acceptable): 13901 U.S. Hwy 1 Suite 1
83:
84 City: Juno Bch. FL 85 Zip Code: 33408

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNULTEY, GERALD 2295 CORPORATE BLVD SUITE 145 BOCA RATON FL 33431	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[illegible] 13901 U.S.Hwy 1 Suite 1 Juno Bch. FL. 33408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUTO, MARK W 2295 CORPORATE BLVD SUITE 145 BOCA RATON FL 33431	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	13901 U.S. Hwy 1 Suite 1 Juno Bch FL. 33408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURANO, MICHAEL V 2295 CORPORATE BLVD SUITE 145 BOCA RATON FL 33431	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	13901 U.S Hwy 1 Suite 1 Juno Bch FL. 33408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURANO, GRACE T 2295 CORPORATE BLVD SUITE 145 BOCA RATON FL 33431	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	13901 U.S Hwy 1 Suite 1 Juno Bch. FL. 33408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	NANCY A. SUTO 13901 U.S Hwy 1 Juno Bch. FL. 33408	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [signature] FILED 3/20/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #