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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 SEP -3 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000080763 (1)

1. Corporation Name

PRINCETON MEDICAL MANAGEMENT RESOURCES OF FLORIDA, INC.

Principal Place of Business

8637 FREDERICKSBURG ROAD  
SUITE 250  
SAN ANTONIO TX 78240

Mailing Address

8637 FREDERICKSBURG ROAD  
SUITE 250  
SAN ANTONIO TX 78240-1295

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 8637 Fredericksburg Rd

27 Suite, Apt. #, etc.

27 Ste 360

28 City & State

28 San Antonio, TX

29 Zip

29 78240

30 Country

4. FEI Number

74-2797745

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

SHME

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 D RAPIER, GEORGE M III

NAME 8637 FREDERICKSBURG RD., SUITE 250  
STREET ADDRESS SAN ANTONIO TX 78240  
CITY-ST-ZIP

TITLE D ATIEE, GEORGE J

NAME 8637 FREDERICKSBURG RD., SUITE 250  
STREET ADDRESS SAN ANTONIO TX 78240  
CITY-ST-ZIP

TITLE D PALMER, RICHARD D

NAME 8637 FREDERICKSBURG RD., SUITE 250  
STREET ADDRESS SAN ANTONIO TX 78240  
CITY-ST-ZIP

TITLE D

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D

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 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

George M. Rapier

AD

Dep 550

CR2E034 (9/96)