FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00.

PROFIT CORPORATION ANNUAL REPORT

1997



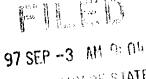
Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000080763 (1)

PRINCETON MEDICAL MANAGEMENT RESOURCES OF FLORID







Principal Place of Business Mailing Address						4 INDITION IN SELLE DIST AND A DELLE DELLE	1 86 161 1981 1 914	ISBNE BILL	ra filli (88)			
	CKSBURG ROAD		DERICKSBURG	ROAD								
SUITE 250	TX 78240	SUITE 25	io Fonio TX 78240	1295								
SARE MATORIO	IN THEM	WHE DIE	CHIC IN IUETU	1200			3. Date Incorporated or Qualified	3a. Date o	of Last F	Report		
							09/30/1996					
2. Principal P	lace of Business	2a. Mailir	ng Address		-		4. FEI Number	- 	TAI	pplied For		
21		26 8637 FREDERICKSDURG Kd				burc Kd	1 - 74-27977	45	Not Applicable			
	#, etc.	Suite	, Apt. #, etc.				5. Certificate of Status Desired			Additional		
22		27 Ste 360					Fee Required					
	e	28 SAN Antonio TX				TV	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Z _{ID}	Country	7 7 Country				////	8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 78240 30				,	Florida Statutes Yes No						
	9. Name and Address of Current I	A	Agent				10. Name and Address of New Re		nt			
CT	CORPORATION SYSTEM				81	Name	SAMP	3				
					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	W w.	·		
PLA	Principal Place of Business Suite, Apt. #, etc. City & State Zip						to the second of			<u> </u>		
					83		-		•			
					84	City		la	5 Z (p)	Code		
		···- 1775555		 		1			- '	11 A		
11. Pursuant office or r	to the provisions of Sections 607 0502 a registered agent, or poth, in this State of	and 607,150 Florida, Su	08, Florida Statt ch change was	ates, the authori	abov zed b	re-named corporation	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of cha of the appoint	anging it ment as	ts registered registered		
agent. La	m familiar with, and accertify obligation	ons of	A 601.0105, F	lorida 9	taturq		President	• •		Ü		
SIGNATURE	Stranding toward or available 1 time of considering and a	not title it are the		life Basic	ound Ar	ont signature require		DATE				
12.	OFFICERS AND I				3.	is a signature recipine	ADDITIONS/CHANGES TO OFFIC		RECTOF	RS IN 12		
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NAME				1.3	2 NAME							
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CITY-ST-ZIP				6.4	CITY-	S1 - ZIP		{{	JO 1	5550		

14. I do hereby certify that the information supplied with this fring 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the correction or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.