

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080763

1. Corporation Name

PRINCETON MEDICAL MANAGEMENT RESOURCES OF FLORIDA
A INC. WELMED MEDICAL MANAGEMENT N/C
OF FLORIDA, INC. 1/21/99

Principal Place of Business

8637 FREDERICKSBURG ROAD
SUITE 360
SAN ANTONIO TX 78240

Mailing Address

8637 FREDERICKSBURG ROAD
SUITE 360
SAN ANTONIO TX 78240

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/30/1996

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 owes the current year intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

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 ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 register 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 hereof, or on an attachment with an address, with or without the name of the officer or director.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

05-07-1999 90107 031 ***150.00

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FILED

99 JUL -7 PM 1:50

SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

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