


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 047 ***150.00

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

DOCUMENT # P97000042279

1. Corporation Name
SPECIALTY PHYSICIAN'S NETWORK, INC.

Principal Place of Business 1975 HAWTHORNE ST SARASOTA FL 34239	Mailing Address 1975 HAWTHORNE ST SARASOTA FL 34239
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/13/1997		4. FEI Number 65-0755875		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLEVIN, DONALD J M.D. 1975 HAWTHORNE ST SARASOTA FL 34239				10. Name and Address of New Registered Agent 81 Name 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICHARD M.D.	1.2 NAME	
STREET ADDRESS	3131 S TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULLIAM, ANDREW MD	2.2 NAME	TINGLE, WILLIAM J. MD.
STREET ADDRESS	1921 WALDEMERE ST SUITE 413	2.3 STREET ADDRESS	1921 WALDEMERE ST SUITE 504
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEEGLER, BRUCE M.D.	3.2 NAME	
STREET ADDRESS	1895 FLOYD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFER, RICHARD M.D.	4.2 NAME	
STREET ADDRESS	1219 E AVENUE S SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34230	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZIN, ANDREW M.D.	5.2 NAME	
STREET ADDRESS	1921 WALDEMERE ST SUITE 306	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEVIN, DONALD J M.D.	6.2 NAME	correction
STREET ADDRESS	1975 HAWTHORNE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	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 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 with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 3-15-99 * 941-951-2663
Date Daytime Phone #

CR2E034 (11/98)

0477080