

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000048407 (5)
 1. Corporation Name
PREMIER PRACTICE MANAGEMENT - NAPLES, INC.



Principal Place of Business 12730 HIGH BLUFF DRIVE SUITE 300 SAN DIEGO CA 92130-2099	Mailing Address 12730 HIGH BLUFF DRIVE SUITE 300 SAN DIEGO CA 92130-2099
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 681 G. G. diLette Rd. N. 22 Suite 140 Naples, FL 23 34102	2a. Mailing Address 26 681 G. G. diLette Rd. N. 27 Suite 140 Naples, FL 28 34102	3. Date Incorporated or Qualified 06/02/1997	4. FEI Number 33-0162312	Applied For <input type="checkbox"/> Not Applicable
24 34102	25 Collier	29 34102	30 Collier	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent Elaine Lucas 3411 Tamiami Trail North Suite 204 Naples, FL 34102		

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: Elaine Lucas DATE: 2/5/98

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, Chairmain	1.2 NAME	
STREET ADDRESS	Lee Raymond Light, M.D.	1.3 STREET ADDRESS	
CITY-ST-ZIP	850 Central Ave. #301	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	2.2 NAME	
STREET ADDRESS	Eugene T. Finan, M.D.	2.3 STREET ADDRESS	
CITY-ST-ZIP	11181 Health Park Blvd. #2275	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	
STREET ADDRESS	Antonio G. Zampogna, M.D.	3.3 STREET ADDRESS	
CITY-ST-ZIP	130 Tamiami Trail N. #120	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, Secretary	4.2 NAME	
STREET ADDRESS	Dann E. Sorensen	4.3 STREET ADDRESS	
CITY-ST-ZIP	12730 High Bluff DR. #300	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, Treasurer	5.2 NAME	
STREET ADDRESS	Kenneth A. Johnson	5.3 STREET ADDRESS	
CITY-ST-ZIP	12730 High Bluff DR. #300	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	San Diego, CA 92130-2099	6.3 STREET ADDRESS	
CITY-ST-ZIP	San Diego, CA 92130-2099	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, 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: Lee Raymond Light DATE: 2/5/98 941-649-2288

CR2E034 (10/97)