

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

FILED  
Sep 28 1998 8:00am  
Secretary of State

|                                                            |                                                                                   |                                                                                                           |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> 1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P97000106323  
1. Corporation Name

INPATIENT MANAGEMENT SERVICE, INC.

|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business                              | Mailing Address                                          |
| 2675 Winkler Avenue<br>Suite 300<br>Fort Myers, FL 33901 | 2675 Winkler Avenue<br>Suite 300<br>Fort Myers, FL 33901 |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc          | 2b. Suite, Apt. #, etc |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |
| 25                             | 30                     |

|                                                                                         |                                |
|-----------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 12/18/97                                                                                | NONE                           |
| 4. FEI Number                                                                           | Applied For                    |
| 65-0809513                                                                              | 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 |                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |                                |

9. Name and Address of Current Registered Agent

Whitesman, Guy E.  
1715 Monroe Street  
Fort Myers, FL 33901

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 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 resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                      |
|----------------------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE | 11 TITLE                                              | D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Zellner, Stephen R.               | 12 NAME                                               |                                                                                      |
| STREET ADDRESS             | 2675 Winkler Avenue, Suite 300    | 13 STREET ADDRESS                                     |                                                                                      |
| CITY-ST-ZIP                | Fort Myers, FL 33901              | 14 CITY-ST-ZIP                                        |                                                                                      |
| TITLE                      | <input type="checkbox"/> DELETE   | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       |                                   | 22 NAME                                               |                                                                                      |
| STREET ADDRESS             |                                   | 23 STREET ADDRESS                                     |                                                                                      |
| CITY-ST-ZIP                |                                   | 24 CITY-ST-ZIP                                        |                                                                                      |
| TITLE                      | <input type="checkbox"/> DELETE   | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       |                                   | 32 NAME                                               |                                                                                      |
| STREET ADDRESS             |                                   | 33 STREET ADDRESS                                     |                                                                                      |
| CITY-ST-ZIP                |                                   | 34 CITY-ST-ZIP                                        |                                                                                      |
| TITLE                      | <input type="checkbox"/> DELETE   | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       |                                   | 42 NAME                                               |                                                                                      |
| STREET ADDRESS             |                                   | 43 STREET ADDRESS                                     |                                                                                      |
| CITY-ST-ZIP                |                                   | 44 CITY-ST-ZIP                                        |                                                                                      |
| TITLE                      | <input type="checkbox"/> DELETE   | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       |                                   | 52 NAME                                               | 500002650625                                                                         |
| STREET ADDRESS             |                                   | 53 STREET ADDRESS                                     | -09/28/98--01118--029                                                                |
| CITY-ST-ZIP                |                                   | 54 CITY-ST-ZIP                                        | ***550.00                                                                            |
| TITLE                      | <input type="checkbox"/> DELETE   | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       |                                   | 62 NAME                                               |                                                                                      |
| STREET ADDRESS             |                                   | 63 STREET ADDRESS                                     |                                                                                      |
| CITY-ST-ZIP                |                                   | 64 CITY-ST-ZIP                                        |                                                                                      |

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, as changed, with an attachment with an address.

SIGNATURE

*Stephen R. Zellner*  
STEPHEN R. ZELLNER, M.D.

President

9/17/98

(941) 936-1343

CR2F034 (9/96)