

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

DOCUMENT # P98000059254

1. Corporation Name

DOCTORS SPECIALTY NETWORK, INC.

Principal Place of Business

2010 59TH STREET WEST, SUITE 4100
BRADENTON FL 34209

6002 Pointe West Blvd
Bradenton, FL 34209

Mailing Address

2010 59TH STREET WEST, SUITE 4100
BRADENTON FL 34209

6002 Pointe West Blvd
Bradenton, FL 34209

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

THOMISON, JAMES N III
508 MANATEE AVENUE EAST
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

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

81 Name Harris Silverman, MD

82 Street Address (P.O. Box Number is Not Acceptable)
6002 Pointe West Blvd

83

84 City Bradenton

85 Zip Code FL 34209

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

Harris Silverman, MD, Vice President

1-29-99

Signature of individual 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 BRAXTON, THOMAS N III
STREET ADDRESS 508 MANATEE AVENUE EAST
CITY-ST-ZIP BRADENTON FL 34208

TITLE D ☐ DELETE
NAME KELLY, JAN Kelley
STREET ADDRESS 6002 POINTE WEST BOULEVARD
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☒ DELETE
NAME TOPJUN, PAULA
STREET ADDRESS 2010 59TH STREET WEST, SUITE 4100
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ DELETE
NAME OBREGON, ROBERT
STREET ADDRESS 2010 59TH STREET WEST, SUITE 4400
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ DELETE
NAME BELSITO, JOHN
STREET ADDRESS 2902 59TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE P ☐ DELETE
NAME LAW, DAVID E
STREET ADDRESS 2010 59TH STREET WEST, SUITE 4100
CITY-ST-ZIP BRADENTON FL 34209

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President
1.2 NAME Silverman, Harris
1.3 STREET ADDRESS 6002 Pointe West Blvd
1.4 CITY-ST-ZIP Bradenton, FL 34209

2.1 TITLE Secretary
2.2 NAME Belsito, Alphonso
2.3 STREET ADDRESS 2902 59th St. W
2.4 CITY-ST-ZIP Bradenton, FL 34209

3.1 TITLE Treasurer
3.2 NAME Defreitas, Edward
3.3 STREET ADDRESS 2010 59th St. W Suite 4100
3.4 CITY-ST-ZIP Bradenton, FL 34209

4.1 TITLE D
4.2 NAME Ayres, John
4.3 STREET ADDRESS 2010 59th St W Suite 4400
4.4 CITY-ST-ZIP Bradenton, FL 34209

5.1 TITLE D
5.2 NAME Subbiondo, Robert
5.3 STREET ADDRESS 6100 Pointe West Blvd
5.4 CITY-ST-ZIP Bradenton, FL 34209

6.1 TITLE
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 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:

Harris Silverman, MD

1-29-99

941-792-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)