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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P99000001463  
1. Corporation Name

The Physician's Resource, Inc.  
11761 N Wattle Tree Road  
Jacksonville, FL 32246

Principal Place of Business Mailing Address

11761 N Wattle Tree Road  
Jacksonville, FL 32246 SAME

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Nikol J. Sparks  
11761 N Wattle Tree Road  
Jacksonville, FL 32246

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P/D ☐ Change ☒ Addition  
1.2 NAME Nikol J. Sparks  
1.3 STREET ADDRESS 11761 N Wattle Tree Road Jax., FL 32246  
1.4 CITY-ST-ZIP

2.1 TITLE VP/D ☐ Change ☒ Addition  
2.2 NAME Bryan Sparks  
2.3 STREET ADDRESS 11761 N Wattle Tree Road  
2.4 CITY-ST-ZIP Jacksonville, FL 32246

3.1 TITLE S/D ☐ Change ☒ Addition  
3.2 NAME Evelyn H. Nelson  
3.3 STREET ADDRESS 5150 Silver Lake Dr  
3.4 CITY-ST-ZIP Palatka, FL 32177

4.1 TITLE T/D ☐ Change ☒ Addition  
4.2 NAME Arthur R. Nelson  
4.3 STREET ADDRESS 5150 Silver Lake Dr.  
4.4 CITY-ST-ZIP Palatka, FL 32177

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 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 in an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

May 21, 1999 (904) 645-0091  
Date Daytime Phone

CR2E034 (11/98)