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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # V25176 (1)

1. Corporation Name

FLORIDA DOCTORS NETWORK, INC.



Principal Place of Business

Mailing Address

2828 CROASDALE DRIVE  
DURHAM NC 27705

ATTN: TAX DEPARTMENT  
P.O. BOX 15309  
DURHAM NC 27704

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

3. Date Incorporated or Qualified  
03/30/1992

3a. Date of Last Report  
07/12/1995

4. FEI Number  
65-0400510

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1503, 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 the date

Signature, typed or printed name of registered agent and the date

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME SALAZAR, GUILLERMO  
STREET ADDRESS 2400 E COMMERCIAL BLVD STE 315  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VPSD  
NAME VALVERDE, FERNANDO M.D.  
STREET ADDRESS 2400 E COMMERCIAL BLVD STE 315  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE AS  
NAME SNEDEKER, ANGELA M  
STREET ADDRESS 2828 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM NC 27705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME BAUER, ANNETTE  
1.3 STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 315  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

2.1 TITLE VP/TREAS  
2.2 NAME DICKERSON, W. RANDALL  
2.3 STREET ADDRESS 2828 CROASDALE DRIVE  
2.4 CITY-ST-ZIP DURHAM, NC 27705

3.1 TITLE S  
3.2 NAME NYROP, KIRSTEN  
3.3 STREET ADDRESS 2828 CROASDALE DRIVE  
3.4 CITY-ST-ZIP DURHAM, NC 27705

4.1 TITLE AS  
4.2 NAME ANDREWS, R. DAVID  
4.3 STREET ADDRESS 2828 CROASDALE DRIVE  
4.4 CITY-ST-ZIP DURHAM, NC 27705

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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.

SIGNATURE: Angela M. Snedecker ANGELA M. SNEDEKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(919) 383-0355

Date

Daytime Phone

CR2E034 (12/95)