

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V25176
 1. Corporation Name
FLORIDA DOCTORS NETWORK, INC.

R (1) E I V E D
 JAN 6 1997



Principal Place of Business 2828 CROASDALE DRIVE DURHAM NC 27705	Mailing Address CHGI ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309
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21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0400510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BAUER, ANNETTE	
STREET ADDRESS	2400 E COMMERCIAL BLVD STE 315	
CITY- ST- ZIP	FORT LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/>
NAME	DICKERSON, W. RANDALL	
STREET ADDRESS	2828 CROASDALE DR	
CITY- ST- ZIP	DURHAM NC	
TITLE	S	<input checked="" type="checkbox"/>
NAME	NYROP, KIRSTEN	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY- ST- ZIP	DURHAM NC	
TITLE	AS	<input type="checkbox"/>
NAME	ANDREWS, R. DAVID	
STREET ADDRESS	2828 CROASDALE DR	
CITY- ST- ZIP	DURHAM NC	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	SNEDEKER, ANGELA M.		
5.3 STREET ADDRESS	2828 CROASDALE DRIVE		
5.4 CITY- ST- ZIP	DURHAM, NC 27705		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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.

SIGNATURE: *Angela M. Sneaker* **ANGELA M. SNEDEKER 4-25-97 (919) 383-0355**

CR2E034 (9/96)