above, or on an attachment with all other like empowered. VP

SIGNATURE: RALPH SPAGNOLO

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000098842

Entity Name: PHYSICIAN RESOURCE MANAGEMENT INC.

Current Principal Place of Business:

2655 ULMERTON RD SUITE 330 CLEARWATER, FL 33762

Current Mailing Address:

2655 ULMERTON RD SUITE 330 CLEARWATER, FL 33762

FEI Number: 47-2515125

Name and Address of Current Registered Agent:

RALPH, SPAGNOLO 2655 ULMERTON RD SUITE330 CLEARWATER, FL 33762 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Р	Title	VP
HOLLOWAY, LISA	Name	SPAGNOLO, RALPH
2655 ULMERTON RD SUITE#330	Address	2655 ULMERTON RD SUITE#330
CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
	P HOLLOWAY, LISA 2655 ULMERTON RD SUITE#330	PTitleHOLLOWAY, LISAName2655 ULMERTON RD SUITE#330Address

FILED Jan 29, 2016 Secretary of State CC1030451308

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

01/29/2016 Date

Date