

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90056 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000104768
 1. Corporation Name
AMERICAN MEDICAL ADVISORS, INC.

Principal Place of Business 660 ISLAND WAY #401 CLEARWATER FL 34630	Mailing Address 660 ISLAND WAY #401 CLEARWATER FL 34630
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/17/1998	
4. FEI Number 59 354 7344	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
CHAIRES, GERGORY A
111 N. ORANGE AVE., STE. 900
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	Gerald F. Herrmann
82 Street Address (P.O. Box Number is Not Acceptable)	107 Hillcrest Court
83	
84 City	STUART
85 State	FL
86 Zip Code	34996

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: *John F. Fericola* **John Fericola** *pres* **John Fericola** *pres*
 Date: **5/1/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, BRYANT	
STREET ADDRESS	7632 SYLS DR.	
CITY-ST-ZIP	EVANSVILLE IN 47712-3061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRMAN, GERALD F	
STREET ADDRESS	3460 WOODCREEK TR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOVATNEK, DAVIDA	
STREET ADDRESS	C/O ALEKAT, INC. 6 HARMONY HILL	
CITY-ST-ZIP	CRESSONA PA 17929	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNICOLA, JOHN A	
STREET ADDRESS	202 ARNOLD AVE., STE. A	
CITY-ST-ZIP	POINT PLEASANT BEACJ NJ 08742	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Theresa Perrone	
1.3 STREET ADDRESS	906 Teubers Ln.	
1.4 CITY-ST-ZIP	Brielle NJ 08730	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herrmann, Gerald F	
2.3 STREET ADDRESS	107 Hillcrest Court	
2.4 CITY-ST-ZIP	Palm City FL 34990	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 Date: **5/1/99** Daytime Phone #: **732-701-1200**

CR2E034 (11/98)