

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 07 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000052458 (1)

1. Corporation Name  
 ATLANTIC FAMILY MEDICAL CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9350 S DIXIE HIGHWAY SUITE 1220 MIAMI FL 33156  
 Mailing Address: CONSOLIDATED MEDICAL CENTERS, INC. P.O. BOX 330007 ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: 06/13/1997  
 4. FEI Number: 65-0764958  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 13155 Atlantic Blvd. 22 Jacksonville, FL 23 32225 Duval  
 2a. Mailing Address: 28 P.O. Box 330909 29 Atlantic Bch., FL 30 32233 Duval

9. Name and Address of Current Registered Agent  
 AZ REGISTERED AGENT CORPORATION  
 2601 S BAYSHORE DR SUITE 1600  
 MIAMI FL 33133

10. Name and Address of New Registered Agent  
 81 Name: B&C Corporate Services, Inc.  
 82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd. Suite 3000  
 83 City: Miami FL 85 Zip Code: 33131

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: Anna Salgado, Vice President July 31, 1998

12. OFFICERS AND DIRECTORS  
 TITLE: Director DELETED  
 NAME: Jeffrey I. Binder  
 STREET ADDRESS: 9350 S. Dixie Hwy., Ste. 1220  
 CITY-ST-ZIP: Miami, FL 33156  
 TITLE: Director/Vice President DELETED  
 NAME: Larry E. Jones  
 STREET ADDRESS: 2605 Maitland Cntr Pkwy, Ste 300  
 CITY-ST-ZIP: Maitland, FL 32751  
 TITLE: Director/President DELETED  
 NAME: Stephen L. Silverberg, MD  
 STREET ADDRESS: 13155 Atlantic Blvd.  
 CITY-ST-ZIP: Jacksonville, FL 32225  
 TITLE: Dir./Sec. & Treas. DELETED  
 NAME: Blanca Santos  
 STREET ADDRESS: 9350 S. Dixie Hwy., Ste 1220  
 CITY-ST-ZIP: Miami, FL 33156  
 TITLE: VP DELETED  
 NAME: Victor Micolucci, MD  
 STREET ADDRESS: 11513 N. Main ST.  
 CITY-ST-ZIP: Jacksonville, FL 32218

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE:  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE:  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE:  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE:  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 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

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 \*\*\*550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: [Handwritten Signature] 7/24/98 305-670-3405

CR2E034 (5/98)