

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585087

(0)

1. Corporation Name

AV-MED ASSOCIATES, INC.

Principal Place of Business

**9400 SOUTH DADELAND BLVD.
MIAMI FL 33156**

Mailing Address

**9400 SOUTH DADELAND BLVD.
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1978

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1879773

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. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEMONTMOLLIN, STEPHEN J.
8930 N.W. 39TH AVE.
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

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

Signature of agent or person named as registered agent and title if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

NAME

STRUBE, ROGER

STREET ADDRESS

8930 N.W. 39TH AVENUE

CITY- ST- ZIP

GAINESVILLE FL

TITLE

D

NAME

BERGER, HAROLD, MD

STREET ADDRESS

19355 NE 10TH AVE

CITY- ST- ZIP

MIAMI FL

TITLE

D

NAME

VACKER, MARK M.D.

STREET ADDRESS

4801 S. UNIVERSITY DR.

CITY- ST- ZIP

DAVE FL

TITLE

D

NAME

TURBIN, STEPHEN M.D.

STREET ADDRESS

16800 N.W. 2ND AVENUE

CITY- ST- ZIP

MIAMI FL

TITLE

D

NAME

TERSIAKOVIC, GEORGE M.D.

STREET ADDRESS

6201 S.W. 70TH ST. #205

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

D

NAME

ROSEN, JEFFREY M.D.

STREET ADDRESS

470 BILTMORE WAY

CITY- ST- ZIP

CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CD

1.2 NAME

Moffat, James, MD

1.3 STREET ADDRESS

9400 S. Dadeland Blvd

1.4 CITY- ST- ZIP

Miami, FL 33156

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

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 110.07(3)(b), Florida Statutes. I further certify that the information furnished 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:

James W. Moffat

JAMES MOFFAT, M.D.

4/17/95

(305) 671-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

585087

AV-MED ASSOCIATES, INC.

BOARD OF DIRECTORS

C.D.	MOFFAT, JAMES MD	9400 S. DADELAND BLVD	MIAMI FL
D	Vacker, Mark M.D.	4801 University Drive	Davie, FL
D	Turbin, Stephen M.D.	16800 N.W. 2nd Avenue	Miami, FL
D	Tershakovec, George M.D.	9350 S.W. 48th Street	Miami, FL
D	Rosen, Jeffrey M.D.	13552 S.W. 52nd Court	Miami, FL
D	Berger, Harold M.D.	19355 N.E. 10th Avenue	Miami, FL
D	Caruso, Mark M.D.	15611 S.W. 48th Street	Miami, FL
D	Convey, William M.D.	8500 S.W. 92nd Street	Miami, FL
D	Levin, Philip A. M.D.	46 Greens Road	Hollywood, FL
D	Nash, Norman M.D.	480 Solano Prado	C. Gables, FL
D	Cole, Sanford M.D.	8700 N. Kendall Drive	Miami, FL
D	Groff, Julian M.D.	16800 N.W. 2nd Avenue	Miami, FL