

2/14

FILED

Apr 04, 2002 8:00 am
Secretary of State

02-14-2002 90059 005 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001787

1. Entity Name

AMBULATORY CARE CENTERS OF AMERICA, INC.

Principal Place of Business

2926 ELIZABETH WARREN AVENUE
BUTTE MT 59701

Mailing Address

2281 LEE ROAD
SUITE 201
WINTER PARK FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1964361

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

Name JAN DIEDRICH

Street Address (P.O. Box Number is Not Acceptable)

2281 LEE ROAD - STE 201

City WINTER PARK FL

Zip Code 32789

8. 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 CHANGED UNDER SEPARATE FILING 2/21/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HARRIS, CHARLES M
STREET ADDRESS 2926 ELIZABETH WARREN AVENUE
CITY-ST-ZIP BUTTE MT 59701TITLE VD ☐ Delete
NAME DIEDRICH, JAN
STREET ADDRESS 2281 LEE ROAD, SUITE 201
CITY-ST-ZIP WINTER PARK FL 32789TITLE SD ☐ Delete
NAME COHEN, ROBERT L
STREET ADDRESS 1650 FARNAM STREET
CITY-ST-ZIP OMAHA NETITLE TD ☐ Delete
NAME HEATON, ANN A
STREET ADDRESS 2281 LEE ROAD, SUITE 201
CITY-ST-ZIP WINTER PARK FL 32789TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 832 RIVER TRAILS
CITY-ST-ZIP SHIPMAN, VA 22971TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANN A. HEATON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/02 407-644-9515

Daytime Phone #

CR2E034 (9/01)