

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

AMENDED ANNUAL

FILED

Aug 26 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F62408

1. Corporation Name

-AMERICAN MEDICAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

12700 S.W. 64th Court
Miami, Florida 331563. Date Incorporated or Qualified
February 18, 19823a. Date of Last Report
April 2, 1997

4. FEI Number

59-2163323

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jeffrey M. Fine
2222 Ponce De Leon Boulevard
Penthouse Suite
Coral Gables, Florida 33134

81 Name

Joan S. Levinson

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

83 12700 S.W. 64th Court

84 City Miami

FL

85 Zip Code 33156

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☒ DELETENAME Frank W. Guilford, Jr.
STREET ADDRESS 2222 Ponce De Leon Boulevard
CITY-ST-ZIP Coral Gables, Florida 33134TITLE Secretary ☒ DELETENAME Jeffrey M. Fine
STREET ADDRESS 2222 Ponce De Leon Boulevard
CITY-ST-ZIP Coral Gables, Florida 33134TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

President ☒ Change ☐ Addition

12 NAME

Joan S. Levinson

13 STREET ADDRESS

12700 S.W. 64th Court

14 CITY-ST-ZIP

Miami, Florida 33156

21 TITLE

Vice President ☒ Change ☐ Addition

22 NAME

Martin Liebling, M.D.

23 STREET ADDRESS

8940 N. Kendall Drive, Suite 300E, East Tower

24 CITY-ST-ZIP

Miami, Florida 33176

31 TITLE

Secretary/Treasurer ☒ Change ☐ Addition

32 NAME

Bernice Snow

33 STREET ADDRESS

12101 S.W. 68th Court, Miami, Florida 33156

34 CITY-ST-ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director
JOAN S. LEVINSON

Date

Daytime Phone #

CR2E034 (9/96)