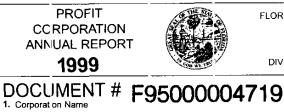
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT

1999



AMERICAN KISSIMMEE OUT PATIENT CENTER, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State

DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90101 033 ***150.00

_	ALU: 1111 1714		!UNA! !!BIL IN!! !!!!

Principal Place of Business	Mailing Address	Mailing Address				
1503 W. OAK ST KISSIMMEE FL 34741	P.O. BOX 423189 KISSIMMEE FL 34742 US	KISSIMMEE FL 34742		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 09/27/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Appl ed For	
21	26			59-3280210	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Electior Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Coun	29 Zip	Country		This corporation owes the current year in Personal Property Tax.	ntangible ☐ Yes []No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
RALSTON, STEPHEN M 220 E. MONUMENT AVE SUITE D KISSIMMEE FL 34741		81 82 83	Street	Address (P.O. Box Number is Not Acceptable)		
		84	City	_	. 85 Zip Ccde	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutas, 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			<u> </u>	
2.3.2010	Signature, typed or printed name of registered agent and title it applicable. (NOTE	Registered Agent signature requi e		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST □ DELETE	1.1 TITLE	☐ Change ☐ Addit	noi.
NAME	RALSTON, STEVE	12 NAME		
STREET ADDRESS	2200 E. MONUMENT AVE, SUITE D	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TIFLE	Change Addit	IOU
NAME		22 NAME		1
STREET ADDRES S		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addit	ion [
NAME		32 NAME		ļ
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addi	iion
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		-
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addi	non
NAME		5.2 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addi	tion
NAME		62 NAME		
STREET ADDRESS	;	6.3 STREET ADDRESS		ŀ
	1	M - +		- 1

14. 1 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 indicate 1 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: