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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F95000005609 (1)

AOR MANAGEMENT COMPANY OF FLORIDA, INC.

Principal Place of Business 1801 BARRS ST.. #800 JACKSONVILLE FL 32204

SIGNATURE:

DOCUMENT #
1. Corporation Name

Mailing Address

1801 BARRS ST., #800 JACKSONVILLE FL 32204



(713) 873-2674

3. Date incorporated or Qualified 3a. Date of Last Report

									11/16/1995					
2.	Principa! Place	of Busines	SS	2a	2a. Mailing Address				4. FEI Number		T	pplied For	1	
21				26	26				59-3348330		1	lot Applicable	1	
22	Suite. Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		4	Additional Required		
	City & State		CONTRACTOR OF CONTRACTOR CONTRACT	City & State					6. Election Campaign Financing		\$5.00	May Be	1	
23								Trust Fund Contribution			•	I to Fees		
	Zip	Country Zip				Countr	ry		8. This corporation has liability for intangible tax under s 199.032,					
24		25 29 30				30			Florida Statutes 🗹 Yes 🗌 No					
9, Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
							1	Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC.								32 Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301							•	Officer Muore	ss (i.e. box Number is Not Acceptate	10)				
							3						1	
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WILL WOOLD IF ARMY								City FL 85 Zip Code						
11	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													
SI	GNATURE.		t the obligations of, Secti											
	Sign	valure, typed or	r printed name of registered agent			t. Registered Ag	gent signature required when reinstating) DATE						J۵	
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l .	REET ADDRESS			/	//	63 STRE		NDDRESS						
	TY-S1-7/P			//		64 CITY-		i						
1	4. I do hereby o	ertify that t	ر the information supplied	in this	filing is voluntarily furnis	shed and do	905	not qualify for	r the exemption stated in Section 119	.07(3)	k), Florida Statut	es. I further	1	
	certify that the oath; that I ar appears in Bl	e information m an office lock 12 or l	on indicated on this aunu or or director of the corpo Block 42 if changed, or o	ial repo ration d on an at	rt or supplemental annu or the receiver or trustee ttachment with an addre	al report is t empowered ss.	true d to	e and accurate execute this	r the exemption stated in Section 119 c and that my signature shall have the report as required by Chapter 607, F	samé lorida (legal effect as if Statutes; and tha	made under It my name		

WAR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR