

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000000385**

1. Corporation Name

**AOR MANAGEMENT OF CENTRAL FLORIDA, INC.**

Principal Place of Business  
**16825 Northchase Dr.  
Suite 1300  
Houston, Tx. 77060**

Mailing Address  
**16825 Northchase Dr.  
Suite 1300  
Houston, Tx. 77060**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**N R A I SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FLORIDA 32301**

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 the filer if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC**  
NAME **Ross, R. D.**  
STREET ADDRESS **16825 Northchase Dr., #1300**  
CITY-ST-ZIP **Houston, Tx 77060**

TITLE **VD**  
NAME **Everson, Lloyd K., MD**  
STREET ADDRESS **16825 Northchase Dr., #1300**  
CITY-ST-ZIP **Houston, Tx. 77060**

TITLE **STD**  
NAME **Pounds, L. F.**  
STREET ADDRESS **16825 Northchase Dr., #1300**  
CITY-ST-ZIP **Houston, Tx 77060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

11 TITLE  
12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

**100002902961--7**  
**-06/14/99--01009--015**  
**\*\*\*\*\*550.00 \*\*\*\*\*550.00**

**100002902961--7**  
**-06/14/99--01009--016**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

[ ] Change [ ] Addition

[ ] Change [ ] Addition

**7/10/99**  
**6/10/99**

14. 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 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:

**L. Fred Pounds**

**06/08/99**

**281-775-0185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.

CR2E034 (11/98)