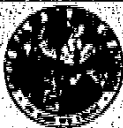


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 3:19

DOCUMENT # G25375 (8)

1. Corporation Name

AV-MED ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**9400 S DADELAND BLVD
MIAMI FL 33156**

Mailing Address

**8930 N.W. 39TH AVE
GAINESVILLE FL 32608
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/21/1983

3a. Date of Last Report
03/21/1994

4. FEI Number
59-2319854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J.

8930 N.W. 39TH AVENUE

GAINESVILLE FL 32608

81 Name

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

83

84 City

FL

85 Zip Code

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KEWESHAN, WM. (DO)
12294 INDIAN SHORES RD
LARGO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
SOKOL, GERALD M. (MD)
4710 N HABANA AVE
TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REILLY, MICHAEL T. (MD)
1201 5TH AVE, N
ST PETERSBURG FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC --
WILLIAMSON, LYNN MD --
8930 N.W. 39TH AVENUE --
GAINESVILLE FL --**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**DC
Moffat, James, MD
9400 S. Dadeland Blvd
Miami, FL 33156**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

JAMES MOFFAT, MD 4/17/95

(305) 671-5437

Date

Signature Filing #

AV-MED ASSOCIATION, INC

G25375

BOARD OF DIRECTORS

D	Bass, Sheldon MD	130 Pablo St.	Lakeland, FL
D	Edmiston, John MD	210 N. Alexander St.	Plant City, FL
D	Hicks, David MD	3450 East Lake Road	Palm Harbor, FL
D	McBath, Donald MD	5195 17th St.	Dade City, FL
D	Becker, Charles MD	1745 S Highland Ave.	Clearwater, FL
D	Ferderigos, Fred MD	408 Jeffords St.	Clearwater, FL
D	Mahon, C.W. MD	5503 East Busch Blvd.	Temple Terrace, FL
D	Nadal, Florencio MD	602 Bonderburg Drive	Brandon, FL
D	Klein, Alan MD	6700 Crosswinds Dr.	St. Petersburg, FL