FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G25375 (8)

1. Corporation Name
AV-MED ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9400 S DADELAND BLVD MIAMI FL 33156	8330 N.W. 39TH AVE GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1983
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2319954 ☐ 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

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J.
8330 N.W. 39TH AVENUE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KEWESHAN, WM. (DO)	1.2 NAME		
STREET ADDRESS	12294 INDIAN SHORES RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE		☐ Change ☐ Addition
NAME	SOKOL, GERALD M. (MD)	2.2 NAME		
STREET ADDRESS	4710 N HABANA AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	REILLY, MICHAEL T. (MD)	3.2 NAME		
STREET ADDRESS	1201 5TH AVE, N	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP		
~~TITLE~~	~~DC~~	4.1 TITLE	DC	☒ Change ☐ Addition
~~NAME~~	~~WILLIAMSON, LYNN MD~~	4.2 NAME	Moffat, James, MD	
~~STREET ADDRESS~~	~~8330 N.W. 39TH AVENUE~~	4.3 STREET ADDRESS	9400 S. Dadeland Blvd	
~~CITY-ST-ZIP~~	~~GAINESVILLE FL~~	4.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: James W Moffat MD JAMES MOFFAT, MD 4/17/95 (305) 671-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP

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AV-MED ASSOCIATION, INC

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