

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, IMMEDIATE AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED

1995 JUL 11 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H90763

(4)

1. Corporation Name

AMERICAN MEDICAL REVIEW, INC.

Principal Place of Business

7120 CYPRESS COVE RD  
JACKSONVILLE FL 32244

Mailing Address

7120 CYPRESS COVE RD  
JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1985

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21 101 Century 21 Dr.

Suite, Apt. #, etc.

22 203D

City & State

23 Jacksonville, FL

Zip

24 32216

Country

25 USA

2a. Mailing Address

26 101 Century 21 Dr

Suite, Apt. #, etc.

27 203D

City & State

28 Jax FL

Zip

29 32216

Country

30 U.S.A.

4. FBI Number

59-2696237

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

BARTON, SHIRLEY  
7120 CYPRESS COVE RD  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

101 Century 21 Drive Suite 203D

83 Jax

84 City Jax

FL

85 Zip Code 32244

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

Shirley Barton / President

7-6-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | DP                   |
| NAME            | BARTON, SHIRLEY      |
| STREET ADDRESS  | 7120 CYPRESS COVE RD |
| CITY - ST - ZIP | JACKSONVILLE FL      |
| TITLE           | ST                   |
| NAME            | BARTON, JAMESON      |
| STREET ADDRESS  | 7120 CYPRESS COVE RD |
| CITY - ST - ZIP | JACKSONVILLE FL      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 101 Century 21 Dr. # 203D                                                    |
| 1.4 CITY - ST - ZIP | Jax FL 32216                                                                 |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 101 Century 21 Dr. # 203D                                                    |
| 2.4 CITY - ST - ZIP | Jax FL 32216                                                                 |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 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 118.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Shirley Barton / President

7/7/95 904-721-9455

(Signature and typed or printed name of signing officer or director)

DATE

Telephone Number

CR2E034 (3/95)