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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90125 032 ***150.00

DOCUMENT # **H90763** 1. Corporation Name AMERICAN MEDICAL REVIEW, INC.

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Principal Place	e of Business	Mailing Address						1811 BIBN 31801 BIBN BIBN B	ilbir aratt teat
2980 HARTLEY RD		2980 HARTLEY RD							
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JACKSONVILLE FL 32257		JACKSONVILLE FL 32257 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US		US				12/19/1985	ameu		{
2 Principal D	lace of Business-	2a. Mailing Address				4. FEI Number		Api	plied:For
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			. , [77]	\$8.75 A	Additional		
22		27			5. Certifcate of Status Des	ired 🗆	Fee Re	quired	
City & State		City & State			6. Election Campaign Fina	incing	\$5.00	May Be	
23		28	_			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes t	he current yea		-
24	25		30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of	New Registe	red Agent	
BVD.	TON, SHIRLEY			•	Name				
	HARTLEY RD		Ì	82	Street Ad	ldress (P.O. Box Number is Not /	Acceptable)		_
SUIT			}	83					
	KSONVILLE FL 32257			83					
0,70	MOONTEL 12 OLLO?		İ	84	City			FL 85 Zip C	Code
44 0	to the provisions of Sections 607.050	02 and CO7 1509 Elasida Statute	e the ab)O)/O-F	named on	rnoration submits this statement	for the ournes	e of changing its	registered
office or n	registered agent, or both, in the State	of Florida. Such change was at	utnorized	by th	ne corpora	ation's board of directors. I hereb	y accept the a	ppointment as reg	gistered
agent. I a	im lamiliar with, and accept the obliga	ations of, Section 607.0505, Flor	nua Statu	ites.					
agent. I a SIGNATURE				ites.		uired when reinstating)	DAT	E	
SIGNATURE	Signature, typed or printed name of registered age			ites.		uired when reinstating) ADDITIONS/CHANGES			PR\$ IN 12
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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 arri 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: