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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996DOCUMENT #

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Zip

City & State

J32677

(3)

City & State

 $Z_{\rm ID}$

AMERICAN MED-CARE CENTERS, P.A.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business

3184-B S. CONGRESS AVE.
PALM SPRINGS FL 33461

2. Principal Place of Business

2. Principal Place of Business

2. Principal Place of Business

2. Suite, Apt. #, etc.

2. Suite, Apt. #, etc.

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5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

7. St. OD May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

10. Name and Address of New Registered Agent

Name

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

 Date Incorporated or Qualified 09/09/1986

59-2736902

4. FEI Number

FILED

Secretary of State

3a. Date of Last Report

04/25/1995

85

Zip Code

Applied For

Not Applicable

May 01 1996 8:00 am

SILVERMAN, STEVEN 3184-B S. CONGRESS AVE. PALM SPRINGS FL 33461

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.

Country

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tarrillar with, and accept the durigations of, Section 507,0005, Florida Statutes.					
SIGNATURE Signature, typed or printed trains of rejectors applied the first first and tille if applicated (NOT). Registered Agent signature required when consistings					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	□ DELETE	1 1 101LE	Change Additio	n
NAME	reimer, Brian		1.2 NAME		
STREET ADDRESS	3184-B S. CONGRESS AVE.		1.3 STREET ADDRESS		
CITY - ST - ZIP	PALM SPRINGS FL		1.4 CITY - ST - 7/P		İ
TITLE	VSD	DELETE	2 1 TITLE	Change Additio	n
NAME	SILVERMAN, STEVEN		2 2 NAME		
STREET ADDRESS	3184-B S. CONGRESS AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE	Change Additio	n
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TITLE		□ DELETE	4 1 TITLE	Change Addition	1
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CITY-ST-ZIP			4.4 CITY - ST - 2IP		
TALE		DEFETE	5 17(flE	Change Addition	ו ו
NAME			5.2 NAME		
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CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE	Change Addition	1
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64011Y-S*-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)(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 pt Block 13 if changed, or on an attachment with a laddress.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME DE BIGHUNG OFFICER OF DIRECTOR

4/29/96 (X) 967-6651

;R2E034 (12/95)