

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J32677 (3)

1. Corporation Name
AMERICAN MED-CARE CENTERS, P.A.



Principal Place of Business 3184-B S. CONGRESS AVE. PALM SPRINGS FL 33461	Mailing Address 3184-B S. CONGRESS AVE. PALM SPRINGS FL 33461-2552
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3. Date Incorporated or Qualified 09/09/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 3047 Forest Hill Blvd Suite, Apt. #, etc. 22 42 City & State 23 West Palm Beach FL Zip 24 33406 County 25 Palm Beach	2a. Mailing Address 26 3047 Forest Hill Blvd Suite, Apt. #, etc. 27 42 City & State 28 West Palm Beach FL Zip 29 33406 Country 30 US
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4. FEI Number 59-2736902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Steven Silverman**
 82 Street Address (P.O. Box Number is Not Acceptable)
3047 Forest Hill Blvd
 83 **Suite 42**
 84 City **West Palm Beach FL** 85 Zip Code **33406**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	REIMER, BRIAN	
STREET ADDRESS	3184-B S. CONGRESS AVE.	
CITY - ST - ZIP	PALM SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, STEVEN	
STREET ADDRESS	3184-B S. CONGRESS AVE.	
CITY - ST - ZIP	PALM SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	3047 Forest Hill Blvd
1.4 CITY - ST - ZIP	West Palm Beach FL 33406
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3047 Forest Hill Blvd
2.4 CITY - ST - ZIP	West Palm Beach FL 33406
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 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: Brian Reimer **BRIAN REIMER** 4/15/97 (561) 967-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)