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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

**SIGNATURE:** 

DOCUMENT # K53449

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AVMED HEALTH INSURANCE COMPANY

Demoissed Disco	o of the single	Mailing Address		<del> </del>				
Principal Place of Business Mailing Address  9400 S DADELAND BLVD 4300 NW 89TH BLV MIAMI FL 33156 GAINESVILLE FL 32			5880				,	
US	IO .	ONINCOVILLE PL 32000	3000					
					3. Date Incorporated or Qualified	1	of Last R	eport
9 Priocipal D	lace of Business	2a. Mailing Address		<del></del>	03/12/1990 4. FEI Number	<u>U5/0</u>	<u> 1/1996</u>	
1]	ince of business	<b>├</b> -¬			I		<del></del>	oplied For
!L Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-2903902	<del>U</del>	<del>~</del>	ot Applicable Additional
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		28			Trust Fund Contribution			to Fees
Zφ	Country	Ζφ	Country	,	8. This corporation has liability for i	ntangible ta	x under s	. 199,032,
<u> </u>	25	29	30			Yes 🗌		
	9. Name and Address of Curren	it Registered Agent	B1	Nome	10. Name and Address of New Re	gistered Ag	jent	
	MONTMOLLIN, STEPHEN J.		8'	Name				
	O N.W. 89TH BLVD.		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	•	
GA	NESVILLE FL 32606		83					
			**					
			84	City		FL	<b>85</b> Zip	Code
I1. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida State	ites the above	e-named corr	poration submits this statement for the p		hangino i	te ranietaran
acent La	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes	S.	ation's board of directors. I hereby accep			ū
-	Signature type a organic at not a pluce game of age	ent and title if applicable. (NO	OTE Registered Age	ent signature regu	lifed when reinstating)	DATE		
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(352) 337-8700

Daytime Phone #