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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 17 1996 8:00 am
Secretary of State

DOCUMENT # N16538 (3)

1. Corporation Name

AV-MED, INC.

600001897366
-07/18/96--01008--039
***70.00

Principal Place of Business	Mailing Address
9400 SOUTH DADELAND BLVD. MIAMI FL 33156	~~8930 N.W. 39TH AVE~~ P.O. BOX 749 GAINESVILLE FL 32602-0749 US

2. Principal Place of Business 21	2a. Mailing Address 26 4300 NW 89th Blvd	3. Date Incorporated or Qualified 08/27/1986	3a. Date of Last Report 04/18/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2742907	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Gainesville, FL	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32606 / 30 U.S.	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	10. Name and Address of New Registered Agent
~~HUDSON, ROBERT G.~~ ~~9400 S. DADELAND BLVD.~~ ~~MIAMI FL 33156~~	81 Name: Stephen J. deMontmollin 82 Street Address (P.O. Box Number is Not Acceptable): 4300 N.W. 89th Blvd. 83 84 City: Gainesville **FL** 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~PEDDIE, EWARD C~~		1.2 NAME	Moffat, M.D., James W.	
STREET ADDRESS	~~8930 N.W. 39TH AVE~~		1.3 STREET ADDRESS	9400 S. Dadeland Blvd.	
CITY-ST-ZIP	~~GAINESVILLE FL~~		1.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	DT	☐ DELETE	2.1 TITLE	Asst Secretary	☐ Change ☒ Addition
NAME	~~HAIRSTON, DON~~		2.2 NAME	Hughey, Phillip J.	
STREET ADDRESS	~~8930 N.W. 39TH STREET~~		2.3 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	~~GAINESVILLE FL~~		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DVC	☐ DELETE	3.1 TITLE	DC	☒ Change ☐ Addition
NAME	HUDSON, ROBERT		3.2 NAME	Peddie, Edward	
STREET ADDRESS	9400 S. DADELAND BLVD.		3.3 STREET ADDRESS	4300 N.W. 89th Blvd.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DS	☐ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	TAYLOR, ANN		4.2 NAME	Hairston, Don	
STREET ADDRESS	9400 S. DADELAND BLVD.		4.3 STREET ADDRESS	4300 N.W. 89th Blvd.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~O'NEIL, GERALD~~		5.2 NAME	Gerald O'Neil	
STREET ADDRESS	~~720 SW 2ND AVE~~		5.3 STREET ADDRESS	4300 N.W. 89th Blvd.	
CITY-ST-ZIP	~~GAINESVILLE FL~~		5.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~GRIFFIN, WASSIE~~		6.2 NAME	Griffin, Wassie	
STREET ADDRESS	~~720 SW 2ND AVE~~		6.3 STREET ADDRESS	4300 N.W. 89th Blvd.	
CITY-ST-ZIP	~~GAINESVILLE FL~~		6.4 CITY-ST-ZIP	Gainesville, FL 32606	

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS 7/17/96