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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N16538 (3)  
1. Corporation Name  
AVMED, INC.



000002112230  
-03/13/97--01014--041

Principal Place of Business: 9400 SOUTH DADELAND BLVD. MIAMI FL 33156  
Mailing Address: 4300 NW 89TH BLVD GAINESVILLE FL 32606-5688 US

3. Date Incorporated or Qualified: 08/27/1986  
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

4. FEI Number: 59-2742907  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
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  
~~DE MONTMOLLIN, STEPHEN J.~~  
~~9400 SOUTH DADELAND BLVD.~~  
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent  
81 Name: deMontmollin, Stephen J.  
82 Street Address (P.O. Box Number is Not Acceptable): 4300 NW 89th Blvd  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: <del>MOFFAT, JAMES W M.D.</del>	1.1 TITLE: DT	NAME: Butler, Scottie
STREET ADDRESS: 9400 SOUTH DADELAND BLVD.	CITY-ST-ZIP: MIAMI FL 33156	1.2 NAME: Butler, Scottie	1.3 STREET ADDRESS: 4300 NW 89 Blvd
TITLE: AS	NAME: <del>HUGHEY, PHILLIP J.</del>	1.4 CITY-ST-ZIP: Gainesville, FL 32606	
STREET ADDRESS: 4300 NW 89 BLVD.	CITY-ST-ZIP: GAINESVILLE FL 32606	2.1 TITLE: DS	NAME: Goode, R. Ray
TITLE: DC	NAME: <del>PEDDIE, EDWARD</del>	2.2 NAME: Goode, R. Ray	2.3 STREET ADDRESS: 4300 NW 89 Blvd
STREET ADDRESS: 4300 NW 89 BLVD	CITY-ST-ZIP: GAINESVILLE FL 32606	2.4 CITY-ST-ZIP: Gainesville FL 32606	
TITLE: DT	NAME: <del>HAIRSTON, DON</del>	3.1 TITLE: P	NAME: Peddie, Edward C.
STREET ADDRESS: 4300 NW 89 BLVD	CITY-ST-ZIP: GAINESVILLE FL 32606	3.2 NAME: Peddie, Edward C.	3.3 STREET ADDRESS: 4300 NW 89 Blvd
TITLE: D	NAME: <del>NEIL, GERALD</del>	3.4 CITY-ST-ZIP: Gainesville FL 32606	
STREET ADDRESS: 4300 NW 89 BLVD	CITY-ST-ZIP: GAINESVILLE FL 32606	4.1 TITLE: DVC	NAME: York, Ph.D., E.T.
TITLE: D	NAME: <del>GRIFFIN, WASSIE</del>	4.2 NAME: York, Ph.D., E.T.	4.3 STREET ADDRESS: 4300 NW 89 Blvd
STREET ADDRESS: 4300 N.W. 89TH BLVD	CITY-ST-ZIP: GAINESVILLE FL 32606	4.4 CITY-ST-ZIP: Gainesville, FL 32606	
		5.1 TITLE: DC	NAME: Dunlap, Joe G.
		5.2 NAME: Dunlap, Joe G.	5.3 STREET ADDRESS: 4300 NW 89 Blvd
		5.4 CITY-ST-ZIP: Gainesville, FL 32606	
		6.1 TITLE: D	NAME: Fletcher, George E.
		6.2 NAME: Fletcher, George E.	6.3 STREET ADDRESS: 4300 NW 89 Blvd
		6.4 CITY-ST-ZIP: Gainesville FL 32606	

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. 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: \_\_\_\_\_ DATE: 2/27/97 DAYTIME PHONE: (352) 337-8700

CR2E037 (9/96)

3/12/97

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**AvMed, Inc.**  
**Additions/Changes to Officers and Directors**  
**(continued)**

D	Anderson, M.D., Richard	4300 NW 89 Blvd	Gainesville FL 32606
D	Carr, Ed.D., Glenna	4300 NW 89 Blvd	Gainesville FL 32606
D	Daniel, C.B.	4300 NW 89 Blvd	Gainesville FL 32606
D	DeFord, M.D., James	4300 NW 89 Blvd	Gainesville FL 32606
D	Dotson, Albert E.	4300 NW 89 Blvd	Gainesville FL 32606
D	Floyd, H. Jackson	4300 NW 89 Blvd	Gainesville FL 32606
D	Leiva, Maria Camila	4300 NW 89 Blvd	Gainesville FL 32606
D	Mustian, M.T.	4300 NW 89 Blvd	Gainesville FL 32606
D	Natiello, Ph.D., Thomas	4300 NW 89 Blvd	Gainesville FL 32606
D	Rossi, Richard	4300 NW 89 Blvd	Gainesville FL 32606
D	Stringfellow, Sr., James	4300 NW 89 Blvd	Gainesville FL 32606
D	Williamson, II, G. Ed	4300 NW 89 Blvd	Gainesville FL 32606
Asst. Sec	Hughey, Philip J.	4300 NW 89 Blvd	Gainesville FL 32606