FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21916 (4)

1. Corporation Name

~~AMERICAN INSTITUTE OF MEDICINE, INC.~~
FLORIDA COLLEGE OF PHYSICIAN ASSISTANTS

Principal Place of Business	Mailing Address
~~3415 FIREWALK DR. N~~ ~~SUITE 204~~ ~~MARGATE FL 33063~~ 9750 NW 33RD STREET, STE 209 CORAL SPRINGS FL 33065	~~3415 FIREWALK DR. N~~ ~~SUITE 204~~ ~~MARGATE FL 33063~~ SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9750 NW 33RD STREET	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 SUITE 209	Suite, Apt. #, etc. 27
City & State 23 CORAL SPRINGS FL	City & State 28
Zip / Country 24 33065 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 08/06/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0013223	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

VINCIGUERRA, EUGENE
7577 NW 50TH COURT
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VINCIGUERRA, EUGENE	12 NAME	
STREET ADDRESS	7577 NW 50TH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	
TITLE	~~OD~~	21 TITLE	SD ☑ Change ☐ Addition
NAME	~~MOUTRIE, ROBERT~~	22 NAME	COPELAND, DORIE
STREET ADDRESS	~~300 MT. PROSPECT~~ AVE.	23 STREET ADDRESS	7400 STIRLING ROAD, #823
CITY-ST-ZIP	~~NEWARK NJ~~	24 CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	~~TD~~	31 TITLE	TD ☐ Change ☐ Addition
NAME	~~TUPARELLO, DANIEL~~	32 NAME	O'MALLEY, JOHN
STREET ADDRESS	~~1000 SPRUCE CREEK BLVD E~~	33 STREET ADDRESS	8810 NW 71ST COURT, #168
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	34 CITY-ST-ZIP	TAMARAC FL 33321
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	200001464672
STREET ADDRESS		43 STREET ADDRESS	-04/26/95--01015--013
CITY-ST-ZIP		44 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Vinciguerra DR EUGENE VINCIGUERRA, PRES. 4/12/95 305 344-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033978