

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # N94000001392****1. Entity Name**
ASSOCIATES IN MEDICINE, INC.**Principal Place of Business**
311 N. CLYDE MORRIS BLVD.
120
DAYTONA BEACH FL 32114 US**Mailing Address**
303 N. CLYDE MORRIS BLVD
ATTN: GENERAL COUNSEL
DAYTONA BEACH FL 32114 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3232393Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**DAVIDSON DAVID J
303 NORTH CLYDE MORRIS BLVD.DAYTONA BEACH FL
32114 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**SIGNATURE** **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	C	<input type="checkbox"/> Delete
NAME	JENNINGS LANE	
STREET ADDRESS	3911 SOUTH NOVA ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERNARDO GEORGE	
STREET ADDRESS	1041 DUNLAWTON AVE, SUITE 340	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN WILLIAM J	
STREET ADDRESS	6193 SHORELINE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARRESE ROXY	
STREET ADDRESS	6 MOSS POINT DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOVACOO L RICHARD B	
STREET ADDRESS	1967 MENDER CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON FORBES M	
STREET ADDRESS	100 BROWNING AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: RICHARD B. SOVACOO L VD 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)