2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2003
Secretary of State

DOCUMENT# N98000006676

Entity Name: AMERICAN ACADEMY OF AMBULATORY CARE INC.

Current Principal Place of Business:

7512 DR. PHILLIPS BLVD., STE. 50-324
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7512 DR. PHILLIPS BLVD., STE. 50-324
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3556173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RITUCCI, FRANZ JR.M.D.
7512 DR. PHILLIPS BLVD., STE. 50-324
ORLANDO, FL 32819

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RITUCCI, FRANZ M.D.
Address: 7512 DR. PHILLIPS BLVD., STE. 50-324
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: EARLY, CAROLE M.D.
Address: 7512 DR. PHILLIPS BLVD., STE. 50-324
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: MARTINEZ, ANTHONY M.D.
Address: 7512 DR. PHILLIPS BLVD., STE. 50-324
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANZ RITUCCI, M.D. D 01/03/2003

Electronic Signature of Signing Officer or Director — Date