2003 FOR PROFIT CORPORATION

Mailing Address

TAMPA FL 33613

☐ Defete

· Delete

□ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

15429 N. FLORIDA AVE.

UNIFORM BUSINESS REPORT (UBR) P02000007349 DOCUMENT # 1. Entity Name AMERICAN MEDICAL NETWORK ASSOCIATION, INC.

Principal Place of Business

15429 N. FLORIDA AVE.

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

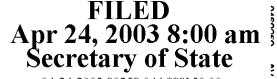
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TAMPA FL 33613



04-24-2003 90259 044 ***150.00

11012956

TAMPA FL 33	613	TAMPA FL 33613					
2. Principal Place of Business		3. Mailing Address			B B	 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI NU	P. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country		cate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VOLPE, BAJALIA, WICKES & ROGERSON				Name .			
1301 RIVERPLACE BLVD.			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1700							
JACKSONVILLE FL 32207			City	FL Zip Code			
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re	egistered agent, or	both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9.	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIO	NS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASKEW, MICHAEL D 15429 N. FLORIDA AVE. TAMPA FL 33613	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change - ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	ST COPACK, KATHLEEN I 15429 N. FLORIDA AVE. TAMPA FL 33613	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, KYLE R 15429 N. FLORIDA AVE. TAMPA FL 33613	Delete	NAME STREET ADDRESS CITY-ST-ZIP		. which commends the second project	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	

CITY-ST-ZIP 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)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the re changed, or on an attach

SIGNATURE:

Change

Change

☐ Addition

☐ Addition