FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:32

DOCUMENT # P03643 (4)

1. Corporation Name
AV-MED MANAGED CARE, INC.

Principal Place of Business	Mailing Address
~~8530 N.W. 39TH AVENUE~~	~~8930 N.W. 39TH AVENUE~~
~~P.O. BOX 609~~	~~P.O. BOX 609~~
~~GAINESVILLE FL 32606~~	~~GAINESVILLE FL 32606~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1984
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 9400 S. Dadeland Blvd	26 9400 S. Dadeland Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL 33156	City & State 28 Miami, FL 33156
Zip 24 33156 Country 25 USA	Zip 29 33156 Country 30 USA

4. FEI Number: 59-2464142 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CUENY,DOUGLAS~~	61 Name: Robert C. Hudson
~~8530 N.W. 39TH AVENUE~~	62 Street Address (P.O. Box Number is Not Acceptable): 9400 S. Dadeland Boulevard
~~GAINESVILLE FL 32606~~	63
	64 City: Miami, FL 65 Zip Code: 33156

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: R C Hudson 3/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	PEDDIE, EDWARD C	1.2 NAME		
STREET ADDRESS	8930 N.W. 39TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	~~DVCT~~	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	~~CUENY, DOUGLAS~~	2.2 NAME	Hairston, Don	
STREET ADDRESS	~~8930 N.W. 39TH AVENUE~~	2.3 STREET ADDRESS	8930 N.W. 39th Avenue	
CITY-ST-ZIP	~~GAINESVILLE FL~~	2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR ANN	3.2 NAME		
STREET ADDRESS	8930 N.W. 39TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, GERALD T.	4.2 NAME		
STREET ADDRESS	720 N.W. 39TH AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D/VC	5.1 TITLE		☐ Change ☐ Addition
NAME	HUGHEY, P J	5.2 NAME		
STREET ADDRESS	8930 NW 39TH AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R C Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033375 CP