FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P03643** **(4)**

1. Corporation Name

AV-MED MANAGED CARE, INC.

Principal Place of Business	Mailing Address
~~9400 S DADELAND BLVD~~ ~~MIAMI FL 33156~~ US	~~9400 S DADELAND BLVD~~ ~~MIAMI FL 33156~~ US

2. Principal Place of Business	2a. Mailing Address
21 4300 NW 89th Blvd	26 4300 NW 89th Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip / Country 24 32606 / 25 US	Zip / Country 29 32606 / 30 US

3. Date Incorporated or Qualified: **10/09/1984**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-2464142** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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: XX Yes ☐ No

9. Name and Address of Current Registered Agent

~~HUDSON, ROBERT C~~
~~9400 S. DADELAND BLVD~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: Stephen J. deMontmollin
82 Street Address (P.O. Box Number is Not Acceptable): 4300 NW 89th Blvd.
83
84 City: Gainesville FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Stephen J deMontmollin 4/26/96
(Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	11 TITLE	DC	XX Change ☐ Addition
NAME	PEDDIE, EDWARD C		12 NAME	Peddie, Edward C	
STREET ADDRESS	8930 N.W. 39TH AVE		13 STREET ADDRESS	4300 NW 89th Blvd	
CITY-ST-ZIP	GAINESVILLE FL		14 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DT	☐ DELETE	21 TITLE	DT	XX Change ☐ Addition
NAME	HAIRSTON, DON		22 NAME	Hairston, Don	
STREET ADDRESS	8930 NW 39TH AVENUE		23 STREET ADDRESS	4300 NW 89th Blvd	
CITY-ST-ZIP	GAINESVILLE FL		24 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	SD	☐ DELETE	31 TITLE	SD	XX Change ☐ Addition
NAME	TAYLOR ANN		32 NAME	Taylor, Ann	
STREET ADDRESS	8930 N.W. 39TH AVENUE		33 STREET ADDRESS	4300 NW 89th Blvd	
CITY-ST-ZIP	GAINESVILLE FL		34 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	☐ DELETE	41 TITLE	D	XX Change ☐ Addition
NAME	O'NEIL, GERALD T.		42 NAME	O'Neil, Gerald T	
STREET ADDRESS	720 N.W. 39TH AVE		43 STREET ADDRESS	4300 NW 89th Blvd	
CITY-ST-ZIP	GAINESVILLE FL		44 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DVC	☐ DELETE	51 TITLE	DVC	XX Change ☐ Addition
NAME	HUGHEY, P J		52 NAME	Hughey, P J	
STREET ADDRESS	8930 NW 39TH AVE		53 STREET ADDRESS	4300 NW 89th Blvd	
CITY-ST-ZIP	GAINESVILLE FL		54 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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: Peddie Hughey 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)