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FILED  
Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4300 NW 89TH BLVD.  
GAINESVILLE FL 32606  
US

Mailing Address

4300 NW 89TH BLVD.  
GAINESVILLE FL 32606-5688  
US



3. Date Incorporated or Qualified

10/09/1984

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

DEMONTMOLLIN, STEPHEN C  
4300 NW 89TH BLVD.  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature of officer or director or registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME PEDDIE, EDWARD C  
STREET ADDRESS 4300 NW 89TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DT ☐ DELETE

NAME HAIRSTON, DON  
STREET ADDRESS 4300 NW 89TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE SD ☐ DELETE

NAME TAYLOR ANN  
STREET ADDRESS 4300 NW 89TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ DELETE

NAME O'NEIL, GERALD T.  
STREET ADDRESS 4300 NW 89TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DVC ☐ DELETE

NAME HUGHEY, P J  
STREET ADDRESS 4300 NW 89TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

(352) 337-8700

Daytime Phone #

CR2E034 (9/96)