

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03643

1. Entity Name

AV-MED MANAGED CARE, INC.

FILED

00 FEB -3 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4300 NW 89TH BLVD.
GAINESVILLE FL 32606
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2464142

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME HUDSON, ROBERT C
STREET ADDRESS 4300 NW 89TH BLVD.
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE DS
NAME HANNUM, EDWIN
STREET ADDRESS 4300 NW 89TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip J. Hughey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. Hughey 1/25/00 352-337-8700

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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