FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P93000004447 (7)

1 ATLANTIC FAMILY MEDICAL CENTER, P.A.

13155 ATLANTIC BLVD.
JACKSONVILLE FL 32225
US

13155 ATLANTIC BLVD.
JACKSONVILLE FL 32225
US

3. 01/15/1993

3a. 02/16/1994

4. 59-3160237

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
SUITE 1500
1301 GULF LIFE DR.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

FL

12.
DPST
SILVERBERG, STEPHEN L MD
13155 ATLANTIC BLVD.
JACKSONVILLE FL

13.

14.

SIGNATURE:

0023071 CP