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

APPROVED AND FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050002 (3)**

1. Corporation Name

AMERICAN MEDICAL NETWORK, INC.

Principal Place of Business	Mailing Address
218 JACKSON STREET MAITLAND FL 32751	218 JACKSON STREET MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/12/1993	08/04/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3246729 ☐ 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
KRAGH, JAMES F 1024 TUSCANY PLACE WINTER PARK FL 32789	81 Name: GRIMM, William A. 82 Street Address (P.O. Box Number is Not Acceptable): Akerman, Senterfitt & Eidson, P.A. 83: 255 S. Orange Ave., Suite 1700 84 City: Orlando **FL** 85 Zip Code: 32801

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: William A. Grimm — 4/27/95

Signature, type/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	PDCE	11 TITLE	D ☐ Change ☒ Addition
NAME	KRAGH, JAMES F	12 NAME	Don Buswell-Charkow, M.D.
STREET ADDRESS	1024 TUSCANY PLACE	13 STREET ADDRESS	2580 Hwy. 50, Suite 1
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	Ocoee, FL 34761-3325
TITLE		21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	Sarah Garvin, M.S.W.
STREET ADDRESS		23 STREET ADDRESS	990 Hammond Dr., #300
CITY-ST-ZIP		24 CITY-ST-ZIP	Atlanta, GA 30328
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Vincent S. Lamb, Jr.
STREET ADDRESS		33 STREET ADDRESS	100 Rialto Place, Suite #527
CITY-ST-ZIP		34 CITY-ST-ZIP	Melbourne, FL 32901
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Robert F. Stonerock, Jr., M.D.
STREET ADDRESS		43 STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32806
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: James F. Kragh — April 27, 1995 — 407-629-0304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James F. Kragh, President

0048297 CP