

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 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
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DOCUMENT # P93000050002 (3)

1. Corporation Name

AMERICAN MEDICAL NETWORK, INC.

Principal Place of Business

218 JACKSON STREET
MAITLAND FL 32751

Mailing Address

218 JACKSON STREET
MAITLAND FL 32751-5570

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

GRIMM, WILLIAM A
AKERMAN, SENTERFITT & EIDSON, P.A.
255 S. ORANGE AVE, STE 1700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
William A. Grimm
82 Street Address (P.O. Box Number is Not Acceptable)
Gray, Harris & Robinson, P.A.
83 201 E. Pine St., Suite 1200
84 City
Orlando
85 Zip Code
FL 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DON, BUSWELL-CHARKO M	
STREET ADDRESS	2580 HWY. 50 STE 1	
CITY-ST-ZIP	OCFEE FL	
TITLE	D	DELETE
NAME	SARAH, GARVIN M	
STREET ADDRESS	880 HAMMOND DR., #300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	DELETE
NAME	VINCENT, S L JR	
STREET ADDRESS	100 RIALTO PLACE, STE #527	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	DELETE
NAME	ROBERT, F S JR.	
STREET ADDRESS	3885 OAKWATER CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	DELETE
NAME	KRAGH, JAMES F.	
STREET ADDRESS	2118 JACKSON STREET	
CITY-ST-ZIP	MAITLAND FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	S. Porter Spangler		
1.3 STREET ADDRESS	500 Interlachen		
1.4 CITY-ST-ZIP	Winter Park, FL 32789		
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

JUNE 5, 1997 407-6290304

CR2E034 (9/96)