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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KRAGH, JAMES F
1024 TUSCANY PLACE
WINTER PARK FL 32789

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DON, BUSWELL-CHARKO M
STREET ADDRESS 2580 HWY. 50 STE 1
CITY-ST-ZIP OCOCHEE FL

TITLE ☒ DELETE

NAME SARAH, GARVIN M
STREET ADDRESS 990 HAMMOND DR., #300
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE

NAME SPANGLER, S PORTER
STREET ADDRESS 500 INTERLACHEN
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME ROBERT, F S JR.
STREET ADDRESS 3885 OAKWATER CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ 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 ☒ Change ☐ Addition

1.2 NAME BUSWELL-CHARKOW, DON
1.3 STREET ADDRESS 11140 W. Colonial Dr., Suite 1
1.4 CITY-ST-ZIP OCOCHEE, FL 34761

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ANDERSON, BEVERLY
2.3 STREET ADDRESS 483 LAKEWOOD DR.
2.4 CITY-ST-ZIP WINTER PARK, FL 32789

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME FUJII, KEIZO
3.3 STREET ADDRESS 225 N. MICHIGAN AVE., SUITE 2322
3.4 CITY-ST-ZIP CHICAGO, IL 60601-5983

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME STONEROCK, ROBERT F., JR.
4.3 STREET ADDRESS 3885 Oakwater Circle
4.4 CITY-ST-ZIP ORLANDO, FL 32806-2356

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME KRAGH, JAMES F.
5.3 STREET ADDRESS 218 JACKSON ST.
5.4 CITY-ST-ZIP MAITLAND, FL 32751

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

1/9/98 407-629-0304

CR2E034 (10/97)