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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000073823 (5)

AMERICAN MEDICAL COMPLEX, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place o	of Business	Mailing Add	dress					
1600 S.E. 17TH STREET. SUITE 300 FT. LAUDERDALE FL 33316		1600 S.E. 17	1600 S.E. 17TH STREET. SUITE 300 FT. LAUDERDALE FL 33316-1717					
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1993 04/30/1996		
2. Principal Plac	ce of Business	2a. Mailing	Address			4. FEI Number Applied For		
21		26				65-0453746 Not Applicable		
Suite, Apt. #,	etc.	Suite, A	pl. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State 23		City & S 28	tate			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zφ	Country	Zip		Cour	try	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	*****	30		Florida Statutes Yes No		
	9. Name and Address of Cu	urrent Registered Ag	ent			10. Name and Address of New Registered Agent		
	H, IRA C			'	Name			
	S.E. 17TH STREET, SUITE AUDERDALE FL 33316	300			Street	ddress (P.O. Box Number is Not Acceptable)		
				Ī	13			
				ļ	4 City	85 Zip Code		
						FL M		
11. Pursuant to	THE PROVISIONS OF SECTIONS FOR			tharinad	hu tha care	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered		
	gistered agent, or both, in the Starnillar with, and according the c	State of Florida, Such obligations of, Section	607.0505, Fig	orida Statu	tes.	41.107		
SIGNATURE	1 Cold 20	State of Florida Such obligations of Section agent and title if applicable				re required when reinstating) 4/. 197 DATE		
SIGNATURE	greature types or printed in the					41, 147		
SIGNATURE si;	greature types or printed in the	to agent and title if applicable		E: Registered	Agent signature	re required when reinstating) 41.197 DATE		
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I. 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; the lam 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 in op an attachment with an address.

SIGNATURE

TURE IN THE BOLPRIM OF MAME OF SIGNING DEFICER OR DIRECTOR

4/1(97

Davlime Phone #