FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000084967 (7)

1. Corporation Name

ADVANCE MEDICAL PRACTICES, INC.

Principal Place of Business	Mailing Address
2170 W. STATE ROAD 434 SUITE 190 LONGWOOD FL 32779	2170 W. STATE ROAD 434 SUITE 190 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 07/14/1995

2. Principal Place of Business
21 2170 W. S. R434
Suite, Apt. #, etc.
22 Suite 190
City & State
23 Longwood, Fla..
Zip 24 32779 Country 25 Seminole

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3220815 ☐ 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

ROGERS, ROBERT J
2170 W. STATE ROAD 434
SUITE 190
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: Robert J. Rogers M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 154 Wisteria Drive
83
84 City: Longwood, Fla. **FL** 85 Zip Code: 32779

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: Robert J Rogers MD DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PVP	☐ DELETE
NAME	ROGERS, ROBERT J	
STREET ADDRESS	154 WESTERIA DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	☒ DELETE
NAME	BARWICK, DANA	
STREET ADDRESS	154 WESTERIA DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	☐ DELETE
NAME	VEGOSEN, FRAN	
STREET ADDRESS	1110 DORIS ST	
CITY-ST-ZIP	ALTAMOTNE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	☐ 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		

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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: Robert J Rogers MD. 4/29/96 407-682-5222

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

Robert J. Rogers M.D.