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
MAY 31 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000015049871
-06/02/95--01024--013
****233.75 ****233.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000048477 (1)

1. Corporation Name
NORTH AMERICAN MEDICAL MANAGEMENT-FLORIDA, INC.

Principal Place of Business	Mailing Address
1201 HAYES ST. SUITE 105 TALLAHASSEE FL 32301	1201 HAYES ST. SUITE 105 TALLAHASSEE FL 32301

2. Principal Place of Business	2a. Mailing Address
21 7485 Conroy-Windermere Rd	26 7485 Conroy-Windermere Rd
Suite, Apt. #, etc. 22 Suite C-1	Suite, Apt. #, etc. 27 Suite C-1
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip 24 32835 Country 25 U.S.	Zip 29 32835 Country 30 U.S.

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report:
4. FEI Number: 59-3270638 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRITCH, HERBERT A
STREET ADDRESS	C/O 1235 N. LOOP WEST, SUITE 450
CITY-ST-ZIP	HOUSTON TX 77008
TITLE	D
NAME	JORDAN, JOHN F
STREET ADDRESS	C/O 41885 E. FLORIDA AVE.
CITY-ST-ZIP	HEMET CA 92544

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D/C	XX Change ☐ Addition
NAME	Jordan, John F.	
STREET ADDRESS	41889 E. Florida Ave. Suite E	
CITY-ST-ZIP	Hemet, California 92544	
TITLE	P	☐ Change XX Addition
NAME	Paul D. Ridgely	
STREET ADDRESS	7485 Conroy-Windermere Rd., Ste. C-1	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE	S	☐ Change XX Addition
NAME	Steven R. Adams	
STREET ADDRESS	41889 E. Florida Ave., Suite E	
CITY-ST-ZIP	Hemet, California 92544	
TITLE	T	☐ Change XX Addition
NAME	Gil Hutchinson	
STREET ADDRESS	7485 Conroy-Windermere Rd., Ste. C-1	
CITY-ST-ZIP	Orlando, Florida 32837	

T.S. 5/3/95

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)(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] 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN R. ADAMS, SECRETARY

0025678 CP