

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000048477 (1)**
1. Corporation Name
NORTH AMERICAN MEDICAL MANAGEMENT-FLORIDA, INC.



Principal Place of Business 7485 CONROY-WINDERMERE RD. SUITE C-1 ORLANDO FL 32835	Mailing Address 7485 CONROY-WINDERMERE RD. SUITE C-1 ORLANDO FL 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 845 N. Garland Ave. Suite, Apt. #, etc. 22 Ste. 200 City & State 23 Orlando, FL 32801 Zip 24 32801 Country 25 USA		2a. Mailing Address 26 845 N. Garland Ave. Suite, Apt. #, etc. 27 Ste. 200 City & State 28 Orlando, FL Zip 29 32801 Country 30 USA		3. Date Incorporated or Qualified 06/29/1994	
		4. FEI Number 59-3270638		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	Glen Marcocini - P
NAME	ADAMS, STEVEN R	1.2 NAME	Glen Marcocini - P
STREET ADDRESS	41889 E. FLORIDA AVE., SUITE E	1.3 STREET ADDRESS	30 Burton Hills Blvd. #400
CITY-ST-ZIP	HEMET CA 92544	1.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	DC	2.1 TITLE	Jeff Rothenberger - VP
NAME	JORDAN, JOHN F	2.2 NAME	Jeff Rothenberger - VP
STREET ADDRESS	41889 E. FLORIDA AVE., SUITE E	2.3 STREET ADDRESS	30 Burton Hills Blvd. #400
CITY-ST-ZIP	HEMET CA 92544	2.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	P	3.1 TITLE	Mike Vann - VP
NAME	RIDGELY, PAUL D	3.2 NAME	Mike Vann - VP
STREET ADDRESS	7485 CONROY-WINDERMERE RD.	3.3 STREET ADDRESS	30 Burton Hills Blvd. #400
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	T	4.1 TITLE	T Hutchinson, Gil
NAME	HUTCHINSON, GIL	4.2 NAME	T Hutchinson, Gil
STREET ADDRESS	7485 CONROY-WINDERMERE RD.	4.3 STREET ADDRESS	845 N Garland Ave #200
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE		5.1 TITLE	Jack N. Bunkley - VP
NAME		5.2 NAME	Jack N. Bunkley - VP
STREET ADDRESS		5.3 STREET ADDRESS	845 N Garland Ave #200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando FL 32801
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Gil Hutchinson 4/25/98** **407-843-1163**

CR2E034 (10/97)