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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:21

DOCUMENT # P94000051775 (2)

1. Corporation Name
ALTERNATIVE MEDICAL INFORMATION SERVICES INC.

Principal Place of Business	Mailing Address
440 S. GULFVIEW BLVD. STE. 1702 N CLEARWATER FL 34630	440 S. GULFVIEW BLVD. STE. 1702 N CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1150 Cleveland St	26 1150 Cleveland St
22 Suite, Apt. #, etc. Suite 410	27 Suite, Apt. #, etc. Suite 410
23 City & State Clearwater, FL	28 City & State Clearwater FL
24 Zip 34615 25 Country US	29 Zip 34615 30 Country US

4. FEI Number: 59-3254481 ☐ 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

ANDERSON, JAMES B
440 S. GULFVIEW BLVD. STE. 1702 N
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1150 Cleveland St
83 Suite 410
84 City Clearwater FL 85 Zip Code 34615

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] James B. Anderson 1-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JOHN C	1.2 NAME	
STREET ADDRESS	2350 NE COACHMAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, H T	2.2 NAME	
STREET ADDRESS	1655 SHEFFIELD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	MARLEY, ROBERT D	3.2 NAME	Remove
STREET ADDRESS	3222 SAN JOSE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WINTER, RONALD H	4.2 NAME	Remove
STREET ADDRESS	2381 ROBERTA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] Registered Agent 1-16-95 813-443-0530
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0380005 CP