

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000071607 (3)

1. Corporation Name

AMERICAN MEDICAL ASSOCIATES, INC.



Principal Place of Business

10000 JOHNSON FERRY ROAD  
STE. F-131  
MARIETTA GA 30068

Mailing Address

10000 JOHNSON FERRY ROAD  
STE. F-131  
MARIETTA GA 30068

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RASCH, ROBERT W  
111 NORTH ORANGE AVE., STE. 900  
ORLANDO FL 32801

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

04/03/1995

4. FEI Number

59-2129318

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

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent sign and return if when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MORRELL, DAVID  
STREET ADDRESS 4140 THUNDERBIRD DRIVE  
CITY-ST-ZIP MARIETTA GA 30067 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/S/D  
1.2 NAME SCOTT A. LUSINS  
1.3 STREET ADDRESS 1000 JOHNSON FERRY RD, STE F-131  
1.4 CITY-ST-ZIP MARIETTA, GA 30068 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME LAURA ZYLSTRA  
2.3 STREET ADDRESS 1000 JOHNSON FERRY RD, STE F-131  
2.4 CITY-ST-ZIP MARIETTA, GA 30068 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME THOMAS L. FABER  
3.3 STREET ADDRESS 516 SWAY BRAWLIN.  
3.4 CITY-ST-ZIP KENNESAW, GA 30144 ☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME GERALD FAZARRI  
4.3 STREET ADDRESS 498 NORTH PINE OAK PLACE #206  
4.4 CITY-ST-ZIP LONGWOOD, FL. 32779 ☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME DAVID E. MORRELL  
5.3 STREET ADDRESS 4140 THUNDERBIRD  
5.4 CITY-ST-ZIP MARIETTA, GA 30067 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SCOTT A. LUSINS

2-20-96

770.579.0520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)