

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 Johnson Ferry Road Suite, Apt. #, etc. 22 Suite A-115 City & State 23 Marietta, GA 30068 Zip 30068 Country USA	2a. Mailing Address 26 1000 Johnson Ferry Road Suite, Apt. #, etc. 27 Suite A-115 City & State 28 Marietta, GA 30068 Zip 30068 Country USA	3. Date Incorporated or Qualified 09/29/1994	4. FEI Number 58-2129318 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	--	--	---	---

9. Name and Address of Current Registered Agent

RASCH, ROBERT W
201 LIVE OAK LANE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Director
NAME	ZYLSTRA, LAURA	12 NAME	Laura Zylstra
STREET ADDRESS	1000 JOHNSON FERRY RD, STEF 13	13 STREET ADDRESS	1000 Johnson Ferry Rd, Ste A-115
CITY-ST-ZIP	MARIETTA GA	14 CITY-ST-ZIP	Marietta, GA 30068
TITLE	D	21 TITLE	
NAME	MORRELL, DAVID E	22 NAME	
STREET ADDRESS	440 THUNDERBIRD	23 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	FAZZARI, GERALD	32 NAME	
STREET ADDRESS	1475 WYN COVE DR	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

David E. Morrell

4/6/98 579-0520

CR2E034 (10/97)