

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 1:56

DOCUMENT # P94000078378 (4)

1. Corporation Name

AHP MEDICAL PRACTICES, INC.

Principal Place of Business

**8930 N.W. 39TH AVENUE
GAINESVILLE FL 32606**

Mailing Address

**8930 N.W. 39TH AVENUE
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

2. Principal Place of Business

**2815 NW 13th Street #201
Gainesville, FL 32609**

2a. Mailing Address

same as 2

4. FEI Number

59-3271352

Applied For

☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMONTMOLLIN, STEPHEN J
8930 N.W. 39TH AVENUE
GAINESVILLE FL 32606**

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 signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MAY, DAMON**
STREET ADDRESS **C/O 8930 N.W. 39TH AVENUE**
CITY - ST - ZIP **GAINESVILLE FL 32606**

TITLE **D**
NAME **HAIRSTON, DON**
STREET ADDRESS **C/O 8930 N.W. 39TH AVENUE**
CITY - ST - ZIP **GAINESVILLE FL 32606**

TITLE **D**
NAME **HUGHEY, P. JAN**
STREET ADDRESS **C/O 8930 N.W. 39TH AVENUE**
CITY - ST - ZIP **GAINESVILLE FL 32606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P**
1.2 NAME **Donald S. Bialek, MD**
1.3 STREET ADDRESS **2815 NW 13th Street #201**
1.4 CITY - ST - ZIP **Gainesville, FL 32609**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 110.07(3)(a), 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:

Donald S. Bialek, MD

904-376-8468

Date

Signature Printed Name