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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000078378 (4)**

1. Corporation Name

AHP MEDICAL PRACTICES, INC.

600001848196
-06/03/96--01053--035
***208.75

Principal Place of Business	Mailing Address
~~2815 NW 13TH STREET~~ ~~SUITE 201~~ ~~GAINESVILLE FL 32609~~ US	~~2815 NW 13TH STREET~~ ~~SUITE 201~~ ~~GAINESVILLE FL 32609~~ US

3. Date Incorporated or Qualified: **10/25/1994**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business	2a. Mailing Address
21 2772 N.W. 43 Street	26 P.O. Box 749
Suite, Apt. #, etc. 22 Suite M	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip / Country 24 32606 / 25 USA	Zip / Country 29 32602-0749 / 30 USA

4. FEI Number: **59-3271352** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — **$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 XX 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): 4300 N.W. 89th Blvd. 83 84 City: Gainesville FL 85 Zip Code: 32606

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: Stephen J. DeMontmollin — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~BIALEK, DONALD S M.D.~~ ~~2815 NW 13TH STREET #201~~ ~~GAINESVILLE FL~~	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Haymons, Les 9500 S. Dadeland Blvd., Suite 800 Miami, FL 33156	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAIRSTON, DON ~~C/O 8930 N.W. 39TH AVENUE~~ ~~GAINESVILLE FL 32606~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/T Hairston, Don 4300 N.W. 89th Blvd. Gainesville, FL 32606	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHEY, P. JAN ~~C/O 8930 N.W. 39TH AVENUE~~ ~~GAINESVILLE FL 32606~~	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Hughey, P. Jan 4300 N.W. 89th Blvd. Gainesville, FL 32606	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D/C Hudson, Robert 9500 S. Dadeland Blvd. Miami, FL 33156	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Andrews, William C. 1 S.E. First Ave. Gainesville, FL 32601	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Moffat, James, M.D. 9500 S. Dadeland Blvd., suite 800 Miami, FL 33156	☐ Change XX Addition

CR2E034 (12/95)

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: William C. Andrews — 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #