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FILED
May 04 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 # P94000078378 (4)

1. Corporation Name
AHP MEDICAL PRACTICES, INC.



Principal Place of Business

Mailing Address

2772 NW 43 STREET
SUITE M
GAINESVILLE FL 32606
US

P.O. BOX 749
GAINESVILLE FL 32602-0749

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/25/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3271352	
24 Country		29 Country		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

10. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J
4300 N.W. 89TH AVENUE
GAINESVILLE FL 32608

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 fee 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	President
NAME	AYERS, CATHERINE E.	1.2 NAME	Les Rankin
STREET ADDRESS	4300 NW 89 BLVD	1.3 STREET ADDRESS	2772 NW 43rd Street, Suite M
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D	2.1 TITLE	Director
NAME	DURRANCE, JACK	2.2 NAME	James Moffat
STREET ADDRESS	4300 N.W. 89TH BLVD.	2.3 STREET ADDRESS	4300 N.W. 89th Blvd.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D	3.1 TITLE	
NAME	DINKINS, ARNOLD	3.2 NAME	
STREET ADDRESS	4300 N. W. 89TH BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	
NAME	HUDSON, ROBERT	4.2 NAME	
STREET ADDRESS	9500 S. DADELAND BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	
NAME	ANDREWS, WILLIAM	5.2 NAME	
STREET ADDRESS	1 S.E. FIRST AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	CLIFFORD, GARRETT	6.2 NAME	
STREET ADDRESS	2772 NW 43 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE F	6.4 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.

CR2E034 (10/97)