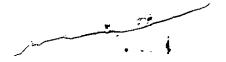
2000 ÚNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078378										
'1. Entity Name AHP MEDICAL PRACTICES, INC.					There is a reach trans.					
Principal Place of Business Mailing Address					00 FEB 28 PM 12: no					
2772 NW 43 STREET P.O. BOX 749 SUITE M GAINESVILLE FL 32602-0749 GAINESVILLE FL 32606 US					SEBREIA: 7 SE STATE TAELAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mailing Address 4300 NW 89 Blvd.										
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WE	RITE IN TH	IS SPACE	
City & State Gainesville, FL	City & State				4. FEI Number 59-3271353					Applied For Not Applicable
Zip Country 32606 U.S.A.	Zip	try		5. Certificate of Status Desired			X)	\$8.75 /		
6. Name and Address of Current Registered Agent				<u> </u>	7. Na	me and Add	ress of New	Registere	ed Agent	_
DEMONTMOLLIN, STEPHEN J 4300 N.W. 89TH AVENUE GAINESVILLE FL 32606			Name Street Address (P.O. Box Number is Not Acceptable)							
			City	City FL Zip Code						ode
8. The above named entity submits this statement for	or the purpose of changing its	registere	ed office or re	egistere	d agen	t, or both, in	the State of	Florida.	_	
SIGNATURE										
Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registere	d Agent signature	e required w	vhen reins	tating)		DAT	E	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to D			will be \$55	0.00			n Campaign I and Contribut	•		i.00 May Be ded to Fees
11. OFFICERS AND	DIRECTORS	12.			ADDI	ITIONS/CHA	NGES TO O	FFICERS A	AND DIRECTO	ORS IN 11
TITLE D	☐ Delete	TITLI		DS	_			_	Chang	pe 🗌 Addition
NAME STREET ADDRESS CITY-ST-ZIP AYERS, CATHERINE E 4300 NW 89 BLVD GAINESVILLE FL			E ET ADDRESS -ST-ZIP	43	00	, Cat NW 89 sville	Blvd.	•	06	
TITLE D .	Delete	TITLI	-	Ua	THE	SVIII	 		☐ Chang	e 🗀 Addition
NAME DURRANCE, JACK		NAM	E ET ADDRESS			300	1003	137	7023	9
STREET ADDRESS 4300 N.W. 89TH BLVD. CITY-ST-ZIP GAINESVILLE FL			-ST-ZIP				-02/1	5/00	-01036	-001
TITLE D NAME DINKINS,: ARNOLD	☐ Delete	TITLI	1					/# ; e _!!	Chang	je Addition
STREET ADDRESS 4300 N. W. 89TH BLVD.		STRE	ET ADDRESS - ST-ZIP		. –				•	
CITY-ST-ZIP GAINESVILLE FL TITLE DST		TITLE							Chang	ne
NAME HUDSON, ROBERT	ZA Delete	NAM								,
STREET ADDRESS 9500 S. DADELAND BLVD.			ET ADDRESS -ST-ZIP							
TITLE DC	Delete	TITL	} -		····				Chang	ge
NAME ANDREWS, WILLIAM	, —	NAM								
STREET ADDRESS 1 S.E. FIRST AVE. CITY-ST-ZIP GAINESVILLE FL			ET ADDRESS - ST-ZIP				•			
TITLE D	☐ Delete	TITL					13	2	☐ Chang	je 🗌 Addition
NAME MOFFET, JAMES STREET ADDRESS 4300 NW 89TH BLVD			ET ADDRESS							
CITY-ST-ZIP GAINESVILLE FL 32606	n this filing does not quality for	the exe	-ST-ZIP motion state	ed in Sec	tion 11	9.07(3)(i) Flo	orida Statute	s. I further	certify that th	ne information
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE:										
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER			Ra	nki	n //Z	B/00 Date	3	52 3	37.870



AHP Medical Practices, Inc. Corporation #P94000078378 (Addendum to 2000 Corporate Annual Filing)

D – Add Cotter, M.D., Julian 4300 NW 89 Blvd., Gainesville, FL 32606

D – Add Rankin, Les C. 4300 NW 89 Blvd., Gainesville, FL 32606