

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078378

1. Entity Name

AHP MEDICAL PRACTICES, INC.

Principal Place of Business

2772 NW 43 STREET
SUITE M
GAINESVILLE FL 32606
US

Mailing Address

P.O. BOX 749
GAINESVILLE FL 32602-0749

2. Principal Place of Business

4300 NW 89 Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32606

Country

U.S.A.

Zip

Country

4. FEI Number

59-3271353

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J
4300 N.W. 89TH AVENUE
GAINESVILLE FL 32606

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	AYERS, CATHERINE E	
STREET ADDRESS	4300 NW 89 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURRANCE, JACK	
STREET ADDRESS	4300 N.W. 89TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINKINS, ARNOLD	
STREET ADDRESS	4300 N. W. 89TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, ROBERT	
STREET ADDRESS	9500 S. DADELAND BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM	
STREET ADDRESS	1 S.E. FIRST AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOFFET, JAMES	
STREET ADDRESS	4300 NW 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	

TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ayers, Catherine E.	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Les C. Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Les C. Rankin

Date

Daytime Phone #

FILED

00 FEB 28 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0066472

CR2E034 (9/99)

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