

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90004 001 \*\*\*558.75

**DOCUMENT # P94000078378**

1. Entity Name

**AHP MEDICAL PRACTICES, INC.**

Principal Place of Business

**4300 NW 89 BLVD.  
GAINESVILLE FL 32606  
US**

Mailing Address

**P.O. BOX 749  
GAINESVILLE FL 32602-0749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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****DEMONTMOLLIN, STEPHEN J  
4300 N.W. 89TH AVENUE  
GAINESVILLE FL 32606****7. Name and Address of New Registered Agent**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
AYERS, CATHERINE E  
4300 NW 89 BLVD  
GAINESVILLE FL 32606** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DURRANCE, JACK  
4300 N.W. 89TH BLVD.  
GAINESVILLE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DINKINS, ARNOLD  
4300 N. W. 89TH BLVD.  
GAINESVILLE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RANKIN, LES  
4300 NW 89 BLVD.  
GAINESVILLE FL 32606** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
ANDREWS, WILLIAM  
1 S.E. FIRST AVE.  
GAINESVILLE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOFFET, JAMES  
4300 NW 89TH BLVD  
GAINESVILLE FL 32606** ☒ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Julian Cotter, M.D.  
4300 NW 89th Blvd,  
Gainesville, FL 32606** ☐ Change ☒ Addition

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 Rankin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-337-8706

Date

Daytime Phone #

U112128 A1

CR2E034 (5/01)