

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

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



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
AYERS, CATHERINE E
4300 NW 89 BLVD
GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000178157
01/12/05-80016-018 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine E. Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine E. Ayers 1/7/05 352-337-8710

Date

Daytime Phone #