


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000078378 1. Entity Name AHP MEDICAL PRACTICES, INC.	
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Principal Place of Business 4300 NW 89 BLVD. GAINESVILLE, FL 32606 US	Mailing Address P.O. BOX 749 GAINESVILLE, FL 32602-0749
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3271353	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DEMONTMOLLIN, STEPHEN J 4300 N.W. 89TH AVENUE GAINESVILLE, FL 32606
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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
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02/07/06-80010-007 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Catherine E. Ayers* 1/13/06 352-337-8710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #