

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90318 001 \*\*\*317.50

**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 & State

City & State

4. FEI Number **59-3271353**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DURRANCE, JACK  
4300 N.W. 89TH BLVD.  
GAINESVILLE FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DINKINS, ARNOLD  
4300 N. W. 89TH BLVD.  
GAINESVILLE FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RANKIN, LES  
4300 NW 89 BLVD.  
GAINESVILLE FL 32606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
ANDREWS, WILLIAM  
1 S.E. FIRST AVE.  
GAINESVILLE FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COTTER, M.D, JULIAN  
4300 NW 89TH BLVD  
GAINESVILLE FL 32606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 **8/18/03 352-337-8710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

ATTACHMENT



P.O. Box 749  
Gainesville, FL 32602-0749

55055573

August 25, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Documents P94000078379 and  
P94000078378

Dear Sir or Madam:

Enclosed please find out checks for the renewal of the corporate licenses. These companies have been in the process of closing since the beginning of the year. We will continue to keep our corporate status during our business wrap up. These are the first notices from your office of which we have a record. We ask that late fees be waived in lieu of the fact that the original notices were not received.

Sincerely,

A handwritten signature in cursive script, appearing to read "Les Magee".

Les Magee  
Director Subsidiary Accounting

LM/sm