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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078379 (2)

1. Corporation Name
ALLIANCE MEDICAL PRACTICES, INC.

Principal Place of Business

2772 N.W. 43 STREET
GAINESVILLE FL 32606
US

Mailing Address

P.O. BOX 749
GAINESVILLE FL 32602-0749



3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2772 NW 43 Street

Suite, Apt. #, etc

22 Suite M

City & State

23 Gainesville, FL

Zip

24 32606

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28

Zip

29

Country

30

4. FEI Number

59-3271350

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of individual or principal or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAYMONS, LES	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 800	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HAIRSTON, DON	
STREET ADDRESS	4300 N.W. 89TH BLVD.	
CITY - ST - ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHEY, P. JAN	
STREET ADDRESS	4300 N.W. 89TH BLVD.	
CITY - ST - ZIP	GAINESVILLE FL 32606	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HUDSON, ROBERT	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 800	
CITY - ST - ZIP	MIAMI FL 32606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, WILLIAM C	
STREET ADDRESS	1 S.E. FIRST AVE.	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE	D	DELETE
NAME	MOFFAT, JAMES M.D.	
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 800	
CITY - ST - ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ayers, Catherine E.	
1.3 STREET ADDRESS	4300 NW 89 Blvd	
1.4 CITY - ST - ZIP	Gainesville FL 32606	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Durrance, Jack	
2.3 STREET ADDRESS	4300 N.W. 89th Blvd	
2.4 CITY - ST - ZIP	Gainesville, FL 32606	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dinkins, Arnold	
3.3 STREET ADDRESS	4300 NW 89 Blvd	
3.4 CITY - ST - ZIP	Gainesville, FL 32606	
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hudson, Robert	
4.3 STREET ADDRESS	9500 S. Dadeland Blvd	
4.4 CITY - ST - ZIP	Miami, FL 33156	
5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Andrews, William	
5.3 STREET ADDRESS	1 S.E. First Avenue	
5.4 CITY - ST - ZIP	Gainesville, FL 32601	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Clifford, Garrett	
6.3 STREET ADDRESS	2772 NW 43 St	
6.4 CITY - ST - ZIP	Gainesville, FL 32606	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)