

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90134 015 \*\*\*317.50

DOCUMENT # P94000078379

1. Corporation Name

ALLIANCE MEDICAL PRACTICES, INC.

Principal Place of Business

2772 N.W. 43 STREET  
SUITE M  
GAINESVILLE FL 32606  
US

Mailing Address

P.O. BOX 749  
GAINESVILLE FL 32602-0749

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

59-3271350

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

X

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME RANKIN, LES  
STREET ADDRESS 2772 N.W. 43 STREET, SUITE M  
CITY-ST-ZIP GAINESVILLE FL 32606

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MOFFAT, JAMES  
STREET ADDRESS 4300 N.W. 89TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32602

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Signature: Les Rankin 11/13/99 352-337-8706

CR2E034 (11/98)

P94000078379

401054-90134

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**Alliance Medical Practices, Inc.  
Corporation #P94000078379  
Addendum to 1999 Corporation Annual Report**

**Additions:**

COO	Emerson, William C. 4300 NW 89 Blvd., Gainesville, FL 32606
D	Durrance, Jack 4300 NW 89 Blvd., Gainesville, FL 32606
D	Dinkins, Arnold 4300 NW 89 Blvd., Gainesville, FL 32606
D	Ayers, Kay 4300 NW 89 Blvd., Gainesville, FL 32606
DST	Hudson, Robert C. 4300 NW 89 Blvd., Gainesville, FL 32606
DC	Andrews, William 4300 NW 89 Blvd., Gainesville, FL 32606

**Delete:**

	Brodsky, Hal 4300 NW 89 Blvd, Gainesville, FL 32606
Asst Secr.	Hughey, Philip J. 4300 NW 89 Blvd, Gainesville, FL 32606