

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

0066471

DOCUMENT # P94000078379

1. Entity Name

ALLIANCE MEDICAL PRACTICES, INC.

00 FEB 16 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

P.O. BOX 749
GAINESVILLE FL 32602-0749

2. Principal Place of Business

4300 NW 89 BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3271350

Applied For

Not Applicable

Zip

32606

Country

U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J
4300 N.W. 89TH BLVD.
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500003137025--2**
CITY-ST-ZIP **-02/16/00--01036--001**
******317.50 ****158.75**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Les C. Rankin* Les C. Rankin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

352 337-8706

Daytime Phone #

CR2E034 (9/99)

KE

**Alliance Medical Practices, Inc.
Corporation #P94000078379
(Addendum to 2000 Corporation Annual Filing)**

DC Andrews, William 4300 NW 89 Blvd., Gainesville, FL 32606

DST Ayers, Catherine E. 4300 NW 89 Blvd., Gainesville, FL 32606

D - Add Cotter, M.D., Julian 4300 NW 89 Blvd., Gainesville, FL 32606

D Dinkins, Arnold 4300 NW 89 Blvd., Gainesville, FL 32606

D Durrance, Jack 4300 NW 89 Blvd., Gainesville, FL 32606

D - Delete Hudson, Robert C. 4300 NW 89 Blvd., Gainesville, FL 32606