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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029618 (2)

AMERICAN MEDICAL VENTURES OF MARYLAND, INC.

Principal Place of Business Mailing Address 3201 W. COMMERCIAL BLVD., SUITE 225 3201 W. COMMERCIAL BLVD., SUITE 225 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0571301 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name TUNICK, EDWIN 3201 W. COMMERCIAL BLVD., SUITE 225 Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33309 83 City A4 Zip Code 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, typind or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 11 TITLE TITLE **EDWIN TUNICK** 1 2 NAME MALAF 3201 W COMMERCIAL BLVD #225 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-SY-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

14. Thereby certify that the information supplied with this filling 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 are on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/29/9

954-772-24

Change

Change

Addition

Addition

FILED

May 11 1998 8:00am

Secretary of State