

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90159 032 \*\*\*150.00

0017170 AV

**DOCUMENT # P96000016147**

1. Entity Name  
**ASSOCIATES MEDICAL GROUP, INC.**



Principal Place of Business  
19 N. OLD KINGS #C101  
PALM COAST FL 32137

Mailing Address  
19 N. OLD KINGS #C101  
PALM COAST FL 32137



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3364275**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOCHMAN, VICTOR M.D.**  
19 N. OLD KINGS RD  
STE. C101  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name  
**George F. Indest III, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**220 E. Central Parkway**

**Suite 2030**

City **Altamonte Springs FL** Zip Code **32701**

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 George F. Indest III DATE 4/7/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCHMAN, VICTOR M.D. 19 N. OLD KINGS RD #C101 PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Hochman Olga 19 N. Old Kings Rd # C101 Palm Coast, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Olga Hochman Pres. DATE 4/3/03 DAYTIME PHONE # (386) 445-4193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)