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Mar 18 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 # **P96000051209 (0)**

1. Corporation Name  
**ATLANTIC FAMILY MEDICAL CENTER MANAGEMENT CORP.**

Principal Place of Business  
**13155 ATLANTIC BLVD.  
JACKSONVILLE FL 32225**

Mailing Address  
**13155 ATLANTIC BLVD.  
JACKSONVILLE FL 32225-3125**

3. Date Incorporated or Qualified <b>06/11/1996</b>	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>LEPRELL, SAMUEL L 233 E. BAY ST. SUITE 901, BLACKSTONE BLDG. JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.0402 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME <b>D SILVERBERG, STEPHEN L M.D.</b>		1.1 TITLE	
1.2 STREET ADDRESS <b>13155 ATLANTIC BLVD.</b>		1.2 NAME	
1.3 CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b>		1.3 STREET ADDRESS	
2.1 NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS		2.2 NAME	
2.3 CITY-ST-ZIP		2.3 STREET ADDRESS	
3.1 NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS		3.2 NAME	
3.3 CITY-ST-ZIP		3.3 STREET ADDRESS	
4.1 NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		4.2 NAME	
4.3 CITY-ST-ZIP		4.3 STREET ADDRESS	
5.1 NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS		5.2 NAME	
5.3 CITY-ST-ZIP		5.3 STREET ADDRESS	
6.1 NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS		6.2 NAME	
6.3 CITY-ST-ZIP		6.3 STREET ADDRESS	
7.1 NAME	<input type="checkbox"/> DELETE	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 STREET ADDRESS		7.2 NAME	
7.3 CITY-ST-ZIP		7.3 STREET ADDRESS	

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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ 03-12-97 904-221-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date