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FILED

Apr 23 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 # P96000059543 (4)

1. Corporation Name

AMERICAN MED-CARE PORT ST LUCIE, P.A.

Principal Place of Business

3184 S CONGRESS AVE
PALM SPRINGS FL 33461

Mailing Address

3184 S CONGRESS AVE
PALM SPRINGS FL 33461-2552



3. Date Incorporated or Qualified
07/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 1801 Hillman Drive

Suite, Apt. #, etc.

22 C 209

City & State

23 Ft. St. Wayne, FL

Zip

24 34952

Country

25 U.S.

2a. Mailing Address

26 3047 Forest Hill Blvd

Suite, Apt. #, etc.

27 42

City & State

28 West Palm Beach FL

Zip

29 33406

Country

30 U.S. Palm Beach

4. FEI Number

650681325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
3184 S CONGRESS AVE
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3047 Forest Hill Blvd

83

Suite 42

84 City

West Palm Beach FL

85 Zip Code

33406

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 the # if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	BLACKMAN, GREGORY	2701 SE HELMS AVE	PORT ST LUCIE FL 34952	<input type="checkbox"/>
DV	SILVERMAN, STEVEN	3234 HARRINGTON DR	BOCA RATON FL 33496	<input type="checkbox"/>
DST	REIMER, BRIAN	5700 HAMILTON WAY	BOCA RATON FL 33496	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

(561) 967-6655

0328072

CR2E034 (9/96)