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FILED

Jan 31 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 # P96000074242 (4)

1. Corporation Name  
ACTIVE MEDICAL OF SOUTH FLORIDA, INC.

Principal Place of Business  
21218 ST ANDREWS BLVD  
SUITE 414  
BOCA RATON FL 33433

Mailing Address  
21218 ST ANDREWS BLVD  
SUITE 414  
BOCA RATON FL 33433-2435



3. Date Incorporated or Qualified  
09/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

☒ 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

BULLOCK, TIMOTHY A  
2400 NW 40TH CIR  
BOCA RATON FL 33431

New address for  
registered agent →

10. Name and Address of New Registered Agent

81 Name Bullock Timothy A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3320 Simms Street, Unit "E"  
83 Hollywood Fla  
84 City

FL 85 Zip Code  
33021

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DALTON, KEN	
STREET ADDRESS	26 TAMARAC DR	
CITY - ST - ZIP	LITTLETON CO 80127	
TITLE	D	DELETE
NAME	KOLOVOS, MICHAEL	
STREET ADDRESS	1400 GROVE ST	
CITY - ST - ZIP	DENVER CO 80204	
TITLE	D	DELETE
NAME	BACON, GRANT	
STREET ADDRESS	1400 GROVE ST	
CITY - ST - ZIP	DENVER CO 80204	
TITLE	D	DELETE
NAME	CARLSON, JERRY	
STREET ADDRESS	1400 GROVE ST	
CITY - ST - ZIP	DENVER CO 80204	
TITLE	D	DELETE
NAME	MEDVEC, ANDREW	
STREET ADDRESS	4722 S XENIA ST	
CITY - ST - ZIP	DENVER CO 80237	
TITLE	D	DELETE
NAME	BULLOCK, TIMOTHY A	
STREET ADDRESS	2400 NW 40TH CT	
CITY - ST - ZIP	BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Bob Dallas		
1.3 STREET ADDRESS	1400 Grove Street		
1.4 CITY - ST - ZIP	Denver, Colorado 80204		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-97 954-987-5039

CR2E034 (9/96)