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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000074999 (9) AMBULATORY CARE OF AMERICA, INC.

FILED May 09 1997 8:00am Secretary of State

Principal Flace of Business C/O ZISKIND & ARVIN. P.A. 444 BRCKELL AVE. STE 612 MIAMI FL 33131	Mailing Address C/O ZISKINO & ARVIN. P. 444 BRICKELL AVE. STE (MIAMI FL 33131-2408			1111 1111 1111 1111 1111 11	
			3. Date Incorporated or Qualified 09/06/1996	3a. Date of Last	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 C/O Ziskind & Arvin, P.A		& Arvin, P.A.	, 1	-	lot Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	····	E Cortificate of Status Decired	\$8.75	Additional
444 Brickell Avenue - S.	90\$ ₂₇ 444 Brickell	L Avenue - S.	905 6. Certificate of Status Desired	Fee F	gequired
City & State	City & State		6. Election Campaign Financing		May Be
23 Miami, FL.	28 Miami, FL.		Trust Fund Contribution		to Fees
Zip Country	Zip	Country	8. This corporation has liability for	intangible tax under Yes No	s. 199.032,
24 33131 25 USA 9. Name and Address of Curre	29 33131	30 USA	Florida Statutes 10. Name and Address of New Re		
ZISKIND & ARVIN, P.A.		81 Name			····
J.A. ZISKIND, PRESIDENT 444 BRICKELL AVE, STE 612 MIAMI FL 33131		B2 Street Ad	ND & ARVIN, P.A. dress (P.O. Box Number is Not Acceptate RICKELL AVENUE - SUITE	E 905) Code 131
11. Pursuant to the provisions of Sections 607.05	0.2 and 607.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of changing pt the appointment a	its registered s registered
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig	te of Florida, Such change was gations of, Section 607,0505, Fl	orida Statutes.			
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SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #

0173630