

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074999 (9)**

1. Corporation Name

AMBULATORY CARE OF AMERICA, INC.

Principal Place of Business

**C/O ZISKIND & ARVIN, P.A.
444 BRICKELL AVE. STE 612
MIAMI FL 33131**

Mailing Address

**C/O ZISKIND & ARVIN, P.A.
444 BRICKELL AVE. STE 612
MIAMI FL 33131-2406**

3. Date Incorporated or Qualified

09/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 **C/O Ziskind & Arvin, P.A.**

Suite, Apt. #, etc.

22 **444 Brickell Avenue - S.905**

City & State

23 **Miami, FL.**

Zip

24 **33131**

Country

25 **USA**

2a. Mailing Address

26 **C/O Ziskind & Arvin, P.A.**

Suite, Apt. #, etc.

27 **444 Brickell Avenue - S.905**

City & State

28 **Miami, FL.**

Zip

29 **33131**

Country

30 **USA**

4. FEI Number

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

ZISKIND & ARVIN, P.A.

J.A. ZISKIND, PRESIDENT

444 BRICKELL AVE, STE 612

MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

ZISKIND & ARVIN, P.A.

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

444 BRICKELL AVENUE - SUITE 905

83

84 City

MIAMI

FL

85 Zip Code

33131

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	William G. Harger
STREET ADDRESS		1.3 STREET ADDRESS	4965 Palm Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Winter Park, FL. 32792
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	J.A. Ziskind
STREET ADDRESS		2.3 STREET ADDRESS	8845 School House Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables, FL. 33156
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0173630

CP2E034 (9/96)