Mar 01, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083198

1. Corporation Name

ANCOTT	esia associates pain ce	NIEH, INC.			
Principal Place	e of Business	Mailing Address	_		(8:88 6: 1 8 6 8 6: 1
2021 KINGSLEY	AVENUE #102	2021 KINGSLEY AVENUE #103	2		
ORANGE PARK FL 32073 ORANGE PARK FL 32073			DO NOT MOTE IN THE	10 0D40F	
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
		1 - 11 - 11 - 1		10/04/1996 4. FEI Number	Applied For
	tace of Business	2a. Mailing Address		1	Applied For Not Applicable
21	# 444	Suite, Apt. #, etc.		59-3409226	\$8.75 Additional
Suite, Apt.	#, etc.	 		5. Certificate of Status Desired	Fee Required
22		City & State	 	A Floring Committee Financing	
City & Stat	e			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip	Country		
Zíp	_ `		¬ ′	 This corporation owes the current year in Personal Property Tax. 	Yes No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	
	9. Name and Address of Current	. Kegisterau Agent	81 Name		
VAI A	ACHOVIC, ANTHONY M			<u>Anthony J. Valachou</u>	ric, M.D.
	KINGSLEY AVENUE #102		82 Street Address (P.O. Box Number is Not Acceptable)		
ORANGE PARK FL 32073		83	ON Kingsley AVC SE	100	
OIL	NGE FAIR LE 02075		83	\circ ,	
			84 City	range Park F	L 85 Zip Code 3 2 0 7 3
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named c	orporation submits this statement for the purpose of	of changing its registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was auth	norized by the corpor	ration's board of directors. I hereby accept the app	ointment as registered
		ions of Section 607 U505 Fioria	a Statilles		
	m familiar with, and accept the obligati			chavic no 1-4-	99
agent. I a SIGNATURE	Signature of head or printed name of registered agent	- Anthony		Chovic ND /- 4- quired when reinstating) DATE	99
	Con 2 Value	and title if applicable. (NOTE:	T. Valagestered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
SIGNATURE	Signature of printed name of registered agent	and title if applicable. (NOTE:	7. Valar	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
SIGNATURE	Signature of pointed name of registered agent OFFICERS AND	and title if applicable. O DIRECTORS	7. Valar	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature Vised of pirited name of registered agent OFFICERS AND MILLER, DEEVID O M.D.	and title if applicable. O DIRECTORS	7. Valar	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature View of pinted name of registered agent OFFICERS AND MILLER, DEEVID O M.D. 2021 KINGSLEY AVENUE #102	and title if applicable. O DIRECTORS	7. Valar	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition 100
SIGNATURE 12. TITLE NAME	Signature Vised of pinted name of registered agent OFFICERS AND MILLER, DEEVID O M.D.	and title if applicable. O DIRECTORS	T. Vol 00 agistered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A Secretary John J Zapp, M.D. aoai Kingsley Avenue, Su Orange Park, FL 320 Medical Diseator	AND DIRECTORS IN 12 Change Addition 1 10 2 1 7 3 Change XAddition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature of printed name of registered agent OFFICERS AND MILLER, DEEVID O M.D. 2021 KINGSLEY AVENUE #102 ORANGE PARK FL 32073 D	Anthony and title if applicable. (NOTE: \$\frac{1}{2}\) D DIRECTORS \[\] DELETE	T. Vol 00 agistered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A Secretary John J Zapp, M.D. aoai Kingsley Avenue, Su Orange Park, FL 320 Medical Diseator	AND DIRECTORS IN 12 Change Addition 1 10 2 1 7 3 Change XAddition
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 2021 KINGSLEY AVE STE 102

ORANGE PARK FL

Anthony J. Valachovic, MD

904-216-5400