

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 19 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000093021 (9)

1. Corporation Name

ASSOCIATED FAMILY PRACTICE, INC.

Principal Place of Business

STE. 106, 9555 SEMINOLE BLVD.
SEMINOLE FL 33772

Mailing Address

STE. 106, 9555 SEMINOLE BLVD.
SEMINOLE FL 33772



*DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1996	3a. Date of Last Report
4. FEI Number 59-3407807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box or Mailing Address) 200002271542--7 -03/19/97--01074--020 ****165.00 ****165.00
83
84 City
85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, FRANK B M.D.	1.2 NAME	
STREET ADDRESS	STE. 106, 9555 SEMINOLE BLVD.	1.3 STREET ADDRESS	Suite 107
CITY-ST-ZIP	SEMINOLE FL 33772	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, JOHN J M.D.	2.2 NAME	
STREET ADDRESS	STE. 106, 9555 SEMINOLE BLVD.	2.3 STREET ADDRESS	Suite 107
CITY-ST-ZIP	SEMINOLE FL 33772	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, FAY M.D.	3.2 NAME	
STREET ADDRESS	STE. 106, 9555 SEMINOLE BLVD.	3.3 STREET ADDRESS	Suite 107
CITY-ST-ZIP	SEMINOLE FL 33772	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: X

7/24/97 813-391

CR2E034 (4/97)

JULY 25, 1997

DIVISION OF CORPORATIONS
ANNUAL REPORT
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32399

ATT:JEAN McELVEEN

As per our phone conversation this morning, I am sending this note stating this is our first notice of the amount due. I have changed the suite number from 106 to 107 on the form as you requested. I am also attaching a check in the amount of \$165.00 as you instructed. Thank you for your help.

Cordially,



Flo Tutton

(Office Manager for Assoc. Family Practice, Inc.)

PS. Any questions please contact me at 813-391-0180.