

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

FILED  
Jun 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000037215 (5)

1. Corporation Name

AMBULATORY MEDICAL, INC.



Principal Place of Business

317 HOLLOW OAK COURT  
SPRING HILL FL 34609

Mailing Address

317 HOLLOW OAK COURT  
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

59-3450923

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZMYL, TAMI  
317 HOLLOW OAK COURT  
SPRING HILL FL 34609

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE  
NAME ZMYL, TAMI  
STREET ADDRESS 317 HOLLOW OAK COURT  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ DELETE  
NAME ZMYL, HENRY  
STREET ADDRESS 317 HOLLOW OAK COURT  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ DELETE  
NAME PAPPERT, GWYNETH  
STREET ADDRESS 4 HOLLY GLEN DRIVE  
CITY-ST-ZIP PITMAN NJ 08071

TITLE ☐ DELETE  
NAME PAPPERT, JOSEPH SR.  
STREET ADDRESS 4 HOLLY GLEN DRIVE  
CITY-ST-ZIP PITMAN NJ 08071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Zmyj, Tami  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Zmyj, Henry  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2599 Waterfall Drive  
3.4 CITY-ST-ZIP Spring Hill, FL 34608

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 2599 Waterfall Drive  
4.4 CITY-ST-ZIP Spring Hill, FL 34608

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 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.

CR2E034 (10/97)