

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039476 (1)

1. Corporation Name
AHP OF FLORIDA, INC.

Principal Place of Business
6400 S. FIDDLER'S GREEN CIRCLE
SUITE 1800
ENGLEWOOD CO 80111

Mailing Address
6400 S. FIDDLER'S GREEN CIRCLE
SUITE 1800
ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-4084878

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

D

SULLIVAN, JOSEPH P

☐ DELETE

NAME

6400S FIDDLER'S GREEN CIRCLE, SUITE 1800

STREET ADDRESS

ENGLEWOOD CO 80111

CITY-ST-ZIP

TITLE

D

MCGEE, MICHAEL J

☐ DELETE

NAME

6400S FIDDLER'S GREEN CIRCLE, SUITE 1800

STREET ADDRESS

ENGLEWOOD CO 80111

CITY-ST-ZIP

TITLE

D

SCHLECK, THOMAS T

☐ DELETE

NAME

6400S FIDDLER'S GREEN CIRCLE, SUITE 1800

STREET ADDRESS

ENGLEWOOD CO 80111

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

SULLIVAN, JOSEPH P

1.3 STREET ADDRESS

SAME

1.4 CITY-ST-ZIP

2.1 TITLE

VD

2.2 NAME

MCGEE, MICHAEL J.

2.3 STREET ADDRESS

SAME

2.4 CITY-ST-ZIP

3.1 TITLE

VD

3.2 NAME

SCHLECK, THOMAS T.

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

VS

4.2 NAME

ROSEMAN, STEVEN A.

4.3 STREET ADDRESS

6400 S. Fiddler's Green Cir., Ste. 1800

4.4 CITY-ST-ZIP

Englewood, CO 80111

5.1 TITLE

6.1 TITLE

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

800002571788--7

-06/25/98--01009--017

*****8.75 *****8.75

800002476318

-04/02/98--01006--028

***750.00

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.

SIGNATURE:

1/19/98

(303) 796-9793