

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90048 011 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000044245

1. Corporation Name
AMBULATORY HEALTH ASSOCIATES, INC.



Principal Place of Business 3917 AMRON COURT ORLANDO FL 32822	Mailing Address 3917 AMRON COURT ORLANDO FL 32822
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14421 INTERNATIONAL DR Suite, Apt. #, etc.		2a. Mailing Address 26 14421 INTERNATIONAL DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/15/1998	
22		27		4. FEI Number 59-3512454 Applied For Not Applicable	
23 ORLANDO, FL City & State		28 ORLANDO FL City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32821 Zip		29 32821 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE 2300 SUN BANK CENTER ORLANDO FL 32802				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
83				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D YATES, STEPHEN A	1.2 NAME	
STREET ADDRESS	3917 AMRON COURT	1.3 STREET ADDRESS	14421 INTERNATIONAL DR.
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	ORLANDO FL 32821
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V.P. SALES MARKETING
STREET ADDRESS		2.3 STREET ADDRESS	BRUCE KOOK
CITY-ST-ZIP		2.4 CITY-ST-ZIP	14421 INTERNATIONAL DR
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V.P. MEDICAL SERVICES
STREET ADDRESS		3.3 STREET ADDRESS	THOMAS BLEHL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	14421 INTERNATIONAL DR
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 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.

SIGNATURE:  **THOMAS BLEHL** Date: **4/2/99** Daytime Phone #: **407-465-0000**

CR2E034 (11/98)