Amended

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 DEC -1 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59088 (2)

1. Corporation Name

ALPHA MEDICAL CLINIC, INC.

Principal Place of Business	Mailing Address
601 S. Semoran Blvd. Orlando, FL 32807	601 S. Semoran Blvd. Orlando, FL 32807-3120

3. Date Incorporated or Qualified	06/12/1991
3a. Date of Last Report	01/15/97
4. FEI Number	59-3072791
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 has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	2438 Sweetwater Country	26	2438 Sweetwater Country
22 Suite, Apt. #, etc.	Club Drive	27 Suite, Apt. #, etc.	Club Drive
23 City & State	Apopka, FL	28 City & State	Apopka, FL
24 Zip	32712	29 Zip	32712
25 Country		30 Country	

9. Name and Address of Current Registered Agent

GREENE, RANDALL B.
601 S. Semoran Blvd.
Orlando, FL 32807

10. Name and Address of New Registered Agent

81 Name	William Schwartz
82 Street Address (P.O. Box Number is Not Acceptable)	2438 Sweetwater Country Club Drive
83	
84 City	Apopka
State	FL
85 Zip Code	32712

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] 11/14/97
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	☒ DELETE	1 1 TITLE	P/S/T/D ☐ Change ☒ Addition
NAME	Greene, Randall B.		1 2 NAME	William Schwartz
STREET ADDRESS	601 S. Semoran Blvd.		1 3 STREET ADDRESS	2438 Sweetwater Country Club Drive
CITY-ST-ZIP	Orlando, FL 32807		1 4 CITY-ST-ZIP	Apopka, FL 32712
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	400002361414--8
STREET ADDRESS			2 3 STREET ADDRESS	-12/02/97--01101--005
CITY-ST-ZIP			2 4 CITY-ST-ZIP	****306.25 *****61.25
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

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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: [signature] 11/14/97 407-880-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #