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Apr 10 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 # **S59088** (2)
1. Corporation Name
ALPHA MEDICAL CLINIC, INC.

Principal Place of Business Mailing Address
201 PARK PLACE CENTER
STE 202
ALTAMONTE SPRINGS FL 32701
US
601 SOUTH SEMORAN BLVD
ORLANDO FL 32807



DO NOT WRITE IN THIS SPACE

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	

3. Date Incorporated or Qualified	
06/12/1991	
4. FEI Number	Applied For
59-3072791	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREENE RANDALL B. 601 S. SEMORAN BLVD. ORLANDO FL 32807		81 Name Schwartz, William H.	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		142 S. Semoran Blvd.	
		83	
		84 City Orlando	
		FL	
		85 Zip Code 32807	

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William H. Schwartz* *William H. Schwartz* 3-4-98
Signature, typed or printed name of registered agent and the applicable (b)(1) - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	P/T/S/D
NAME	GREENE, RANDALL	1.2 NAME	Schwartz, William H.
STREET ADDRESS	601 S SEMORAN BLVD	1.3 STREET ADDRESS	142 S. Semoran Blvd.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL. 32807
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	Zeman, Linda M.
STREET ADDRESS		2.3 STREET ADDRESS	142 S. Semoran Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL. 32807
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *William H. Schwartz* *William H. Schwartz* 3-4-98 407-380-1951

CR2E034 (10/97)