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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556794

(6)

| Principal Place of Business Mailing Address 2623 S. SEACREST BLVD #100 BOYNTON BCH. FL 33435 Mailing Address 2623 S. SEACREST BLVD #100 BOYNTON BCH. FL 33435 | | | | | | | | | |
|---|---|--|---|--|---|---|---------------------------|--|---|
| Principal E | Place of Busine | | | | | Date Incorporated or Qua 12/15/1977 | | e of Last 5/01/19 | |
| i ilicipai r | RICE OF BUSINE | 755 | 2a. Mailing Address 26 | | | 4. FEI Number 59-1796952 | | | Applied For |
| Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | | | | | 60 7 | Not Applicat |
| 0. 0.0 | | · | 27 | | | 5. Certificate of Status Desire | ed 🔲 | | 5 Additional Required |
| City & Stat | !e | | City & State | | | Election Campaign Financ Trust Fund Contribution | ing 🔲 | \$5. | 00 May Be |
| Zip | | Country | Zip | h | untry | 8. This corporation has liability | ty for intangible to | | |
| | | 25 and Address of Current | Registered Agent | 30 | | | Yes No | | |
| | | The state of the s | Hegistered Agent | | 81 Name | 10. Name and Address of N | lew Registered | Agent | |
| PIGNAT | O, JAMES V | 1. | | | | | | | |
| 101 S.E. 6TH AVENUE, SUITE A | | | | | 82 Street Ac | ldress (P.O. Box Number is Not Acceptable) | | | |
| DELRAY | BEACH FL | 33483 | | | 83 | | | | |
| | | | | | 84 City | | | · | |
| | | | | | 1 1 7 | | FL | 1 1 | ip Code |
| | | | | | | | | anoina its | registered offi |
| NATURE | | • | | | | poration submits this statement for the pard of directors. I hereby accept the | | registere | d agent, I am |
| NATURE | | ooth, in the State of Florida t the obligations of, Section r printed name of registered agont an OFFICERS AND | nd title if applicable g | NOTE Registered | | ured when reinstating) | DATE | | |
| NATURE | Signature, typed o | r printed name of registered agont an OFFICERS AND | nd title if applicable g | | Agont signature requ | | DATE OFFICERS AND | DIRECT | DRS IN 12 |
| NATURE _ | Signature, typud o | OFFICERS AND | nd their applicable (f DIRECTORS | NOTE Registered | Agont signature requ | ured when reinstating) | DATE OFFICERS AND | | |
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SIGNATURE: ROBER

ROBERT E. RABORN, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 369-09 00)