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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Flace of Business   Sol MENORAL CROLE SITE H   DO NOT WRITE IN THIS SPACE	1. Corporation	MENT # 51220 SON, MEESE AND TOLLA	` '					
SUITE H ORMOND BEACH FL 32174-5000  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified (09/13/1976)  2. Principal Place of Business 2. Making Address 2. Making Address 2. Making Address 3. Date Incorporated or Qualified (09/13/1976)  SUIT A Set	Principal Place of Business Mailing Address					n toerint Matar kesa sieta sobit antit antit atest atest atest atest atest atest atest atest atest		
DO NOT WRITE IN THIS SPACE		550 MEMORIAL CIRCLE 550 MEMORIAL CIRCLE						
S. Date Incorporated or Qualified  99/13/1976  2. Principal Place of Business  2. Mailroy Address  2. Mailroy Address  3. Fire Number  Suito, Apri #, etc  2. City & State		ACH EL 20174 E000	• • • • •			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business	ONIMOND BEA	NON PL 32174-9000	UNMUMU DEACH FL 34	e174-3000		L		
2. Principal Prince of Business   2s. Making Address   4. FEL Number   59-1688877   Not App   Suite April #, etc   58-1688877   Suite April #, etc   59-1688877   Suite April #, etc   50-1688877   Suite April #, etc   59-1688877   Suite April #, etc   59-168877   Suite April #,	1					[ = ·		
Suito, Apt #, etc.   Suito, Apt #, etc.   Status Desired   Set 7.5 Addit Fee Require City & State   27   City & State   28   City & State   28   City & State   29   Country   29   Personal Proporty Tax viole value 30   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of Name Agent Name and Address of Name and Address of Name Agent Name and Name and Address of Name Agent Name Agent Name and Address of Name Age	2. Principal P	lace of Business	2a, Mailing Address					
22   27   City & State   27   City & State   28   City & State   29	21					<b>59-1688877</b> Not Applicable		
City & State   City & City & State   City & City	<b>—</b>	#, etc	<del></del>			5. Certificate of Status Desired \$8.75 Additional		
Zep   Country   Zep   Country   Adoded to Fe   Zep   Country   Be   Trust Fund Contribution   Adoded to Fe   Zep								
Zep Country Zep Country	<u> </u>	tt	<b>⊢</b> ′					
26   26   20   30   Personal Property Tax due June 20   Yes   No   No   ROBERSON, SHEDRIC H. M.D.		Country		Coun	try			
ROBERSON, SHEDRIC H., M.D.  127 RIVERSIDE DR.  ORMOND BEACH, FLORIA 32176  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 City  FL B5 Zip Code  B4 City  FL B5 Zip Code  B4 City  FL B5 Zip Code  B4 City  FL B5 Zip Code  B5 Zip Code  B5 Zip Code  B6 Zip Code  B7 Zip Code	<del></del>	<b>⊢</b> ¬ ′	<del> </del>	h	•			
12? RVERSIDE DR. ORMOND BEACH, FLORIA 32176  B2 Street Address (P.O. Box Number is Not Acceptable)  44 City FL 85 Zip Code office or registrord agent, or both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its register of 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 larn familiar with, and except the obligations of, Sociona Statules.  SIGNATURE  SIGNATURE  D1			ent Registered Agent			10. Name and Address of New Registered Agent		
ORMOND BEACH, FLORIA 32176  B3  City  FL  St  City  FL  St  ZD Code  11. Fursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its region of the purpose of	RO	BERSON, SHEDRIC H., M.D.		•	Name			
Basilian				18	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
Bad   City   FL   Bas   Zip Code	Į OR	MOND BEACH, FLORIA 32176		Ļ				
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 register of agent. I am familiar with, and accept the obligations of, Section 607 505, Florida Statutes.  SIGNATURE  Si	ĺ				13			
11. Pursuant to the provisions of Sections 607 0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its regisfred agent. I am familiar with, and accopt the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature hymnor primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent in the provision of primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent and the injoin allow in the provision of primal remove impostance agent and this if injoin allow in the provision of primal remove impostance agent and the provision of primal remove impostance agent and this injoin allows.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IT				٤	4 City	85 Zip Code		
TITLE   PD	office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was ligations of, Section 607.0505, F	authorized Iorida Statu	by the corpor les.	oration's board of directors. I hereby accept the appointment as registered		
NAME   STREET ADDRESS   CITY-ST-ZIP   Change   TITLE   Change   Change   TITLE   Change	12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
19 STREET ADDRESS   127 REVERSIDE OR.	TITLE	i = -	☐ DELETE	1.1 TITL	E	Change Addition		
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	1 1							
CITY-ST-ZIP 64 CITY-ST-ZIP								

14. I hereby certify that the information supplied with this filling 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 to e 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 employeered 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 phaduress.

**FILED** 

Apr 24 1998 8:00am

Secretary of State