Mar 24, 1999 8:00 am Secretary of State

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

. •	999 DIVISION OF CORPORATION			NS	03-24-1999 90031 039 ***150.00		
DOCU	MENT # 68	1004					
i. Corporation	R. SLIKER, M.D.,						
NUDENT	N. SLINEH, W.D.,	r.n.					1 186116 BIJA: 18181 1818 BAIR AFRI BIAN AIRH AIRH AIRH AIRH AIRH AIRH AIRH AIRH
Drivers Disease	of Dunings	Mail	ling Address				
Principal Place			6645 RIDGE ROAD STE ONE PORT RICHEY 34668				
6645 RIDGE RO PORT RICHEY 3							
70117 1110 1121							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 08/05/1980
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-2011086 Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip :	Country	' <u> </u>	Zip	_	itry		8. This corporation owes the current year Intangible
24	25	29)			
	9. Name and Addre	ss of Current Registe	red Agent	٠,	81	Name	10. Name and Address of New Registered Agent
TOR	RENCE ALFRED W JI	R. FSQ		ľ	_ا``	Italie	
6645 RIDGE ROAD STE ONE					32 Street Address (dress (P.O. Box Number is Not Acceptable)
	T RIHCEY FL 34668			h	83		
,			Trust Fund Contribution Added to Fees Country				
				[i	84	City	Fi 85 Zip Code
office or n	egistered agent, or both,	in the State of Florida	a, Such change was auth	iorizea i	by tn	named cor e corporat	reposition submits this statement for the purpose of changing its registered
SIGNATURE			atore: De		12010	lacatura mauir	ired when reinstating)
12.	Signature, typed or printed name	FFICERS AND DIREC		_	-gent s	Ağrısture reduli	, , , , , , , , , , , , , , , , , , , ,
TITLE	DP	FFIGERO AND DIREC					
NAME	SLIKER, ROBERT R	M.D.		1.2 NAW	Æ		
STREET ADDRESS	10806 US HWY 19 N #108			1.3 STREET ADDRESS		DORESS	
CITY-\$T-ZIP,	PT. RICHEY FL			1.4 CITY			
TITLE			☐ DELETE	2.1 TITL	Æ		☐ Change ☐ Addition
NAME				2.2 NAW	ΜE		
STREET ADDRESS				2.3 STR	REET AL	DDRESS	
CITY-ST-ZIP				2. 4 CIT	Y-ST-	ZIP	
TITLE			☐ DELETE	3.1 TITL	LE		☐ Change ☐ Addition
NAME ,				3.2 NAM	VΕ	1	
STREET ADDRESS				3.3 STR	REETA	DORESS	
CITY-ST-ZIP				3.4. CIT	Y-ST-	ZIP	
TITLE			4.1 TITL			☐ Change ☐ Addition	
NAME ,				4. 2 NA			
STREET ADDRESS			ļ	ı		DDRESS	
CITY-ST-ZIP			D per ever	4.4 CITY		ZIP	☐ Change ☐ Addition
TITLE			DELETE	5.1 TITL			☐ Change ☐ Addition
NAME				5.2 NAA		nnpeee	
STREET ADDRESS		•		5.3 STR		DORESS	
CITY-ST-ZIP:	·		□ DELETE	6.1 TITL			Change Addition

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 appearance. For on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Prior #