| CORPOR ANNUAL 199 | ROFIT RATION REPORT | FI | Sandra B. Mo Secretary of DIVISION OF CORI | ortham State | | | |
|--|--|---|--|--|---|-----------------------------------|--|
| DCUME corporation Nan DOCTOR | ENT # 70044 IS HOSPITAL, INC. OF | | (7) N | | | | |
| cipal Place of E | Business | Mailing A | Address | | - I Jagill 18811 Abrit derin eierr | Affid ilet grav era | 1 1111 |
| 00 TROPICAL W ANTATION FL 3 | | | ROPICAL WAY ATION FL 33317 | | Date Incorporated or Qualifie 02/15/1960 | ed 3a. Date | e of Last Report 01/30/1995 |
| Principal Place | of Business | 2a. Mail | ing Address | | 4. FEI Number 59-0906961 | | Applied For Not Applicable |
| Suite, Apt. #, et | | 26 Suite | e. Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | | 27 City | & State | | Election Campaign Financin Sept Contribution | ig 🔲 | \$5.00 May Be Added to Fees |
| | Country | 28 Zip | | Country | Trust Fund Contribution 8. This corporation has liability | for intangible t | ax under s. 199.032, |
| Zip | 25 9. Name and Address of Curr | 29 | 3 | 60] | Florida Statutes 10. Name and Address of Nev | | |
| SUITE 60 | DERDALE FL 33306 | | | 83 City | | FL | 85 Zip Code |
| Suite 60 Ft. Laud |)1 Derdale FL 33306 | 0502 and 617.1 ate of Florida S oligations of, Se | ection 617.0503, Flori | s, the above-named cr thorized by the corporada Statutes. | orporation submits this statement for tradition's board of directors. I hereby ac | the purpose of occept the appo | ita registoror |
| FT. LAUC Pursuant to loffice or regagent. I am | DERDALE FL 33306 the provisions of Sections 617.0 pistered agent, or both, in the Statemiliar with, and accept the observed brief or printed name of registered | oligations of, Se | plicable (NOTE | 84 City | | the purpose of occept the appo | changing its registered intment as registered DIRECTORS IN 12 |
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