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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DÉPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

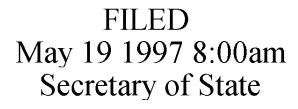
DOCUMENT # M50387

(3)

PROMEDICA, INC.

Principal Place of Business

Mailing Address





5501-D AIRPORT TAMPA, FL 3			5501-D AIRPORT BLVD TAMPA, FL 33634-5303										
									3. Date Incorporated or Qualified 04/16/1987		to of Last F 1/1996	Report	
2. Principal Pl	lac e of Busine	2a. Ma	28. Mailing Address					4. FEI Number	*	h 1	pplied For	.]	
21			26	influence in the contract of t					59-2799915			of Applicable	
Suite, Apt. :	#, etc.	h · · • 1	Suite: Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required					
City & Stato				City & State				6. Election Campaign Financing			May Be	1	
23			h n	28				1	Trust Fund Contribution			to Fees	
Zip	Country			Zip Coun					8. This corporation has liability for i	ntangible			
24	25		29	30						Yes [
	9. Name a	nd Address of Currer	t Registere	d Agent		Ī .	,		10. Name and Address of New Re	gistered /	gent		
JAME	S T SPANN					81	Name						
81 WINDWARD Clearwater FL 33634						82	2 Street Addres		ess (P.O. Box Number is Not Acceptable)				1
							<u></u>						
(≱•						83							
•						84	City	-		171	85 Zip	Code	1
•						<u> </u>	L		View of the state	FL		to registered	
office or o agent. I a	to the provisio egistered agei m familiar with	ns of Sections 607,050 nt, or both, in the State , and accept the oblig	2 and 607.1 of Florida.1 ations of, Se	i508, Florida Stat Such change wa ection <mark>6</mark> 07.0505,	iutes, ine a s authorize Florida Sta	d by tute:	e-named o y the corp s.	corporation	ation submits this statement for the p 's board of directors. I hereby accep	ot the app	changing bintment as	registered	
SIGNATURE		provided pages of registered age							when roinstaling)	DATE			
12.		OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICE	ERS AND			18
TITLE	SDC			DELETE	1,1 1	ЦГ					Change	Addition	Į
NAME	SPANGLER, JOHN F.			1.2 M		NAMI							5
STREET ADDRESS				1,3		1,3 STREET ADDRESS							ជ្
CITY-ST-ZIP	TAMPA FL					1.4 CHY- ST- ZIP							_၂ရိ
TITLE	VD			DETETE		2.1 TITLE					Change	Addition	١١
NAME	SCHULTZ, ANDREW W.			2.2 M		AME							
STREET ADDRESS							STREET ADDRESS						1
CITY-ST-ZIP	TAMPA FL			DELETE		2. 4 CITY - ST - ZIF 3.1 TITLE					Change	Addition	
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NAME SPANN, JAMES T. STREET ADDRESS 61 WINDWARD ISLAND					321		I ADDRESS						
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NAME				4 2 1									
STREET ADDRESS				43 STREET ADDRESS									
CITY-ST-ZIP				4 4 CIFY- ST - ZIP									
TITLE						TITLE					Change	ncitibbA 🔲	[
NAME				5.2 NAME		İ							
STREET ADDRESS					53 STHEET ADDRESS								
CITY-ST-ZIP				5.4.0			S1 - ZIP						_[
TITLE				DELETE 6		TITLE					Change	Addition	
NAME					6.2 N	ΙΑΜί							
STREET ADDRESS					635	TREE!	T ADDRESS						
CITY-ST-ZIP	l						S1 - Z IP]						
14. I do herel	by certify that	the information supplied	d with this f	iling does not qu	alify for the	exe and	emption st	lated in	Section 119.07(3)(i), Florida Statute	s. I further	certify that	it the nder cath: the	. l

.1 do hereby certify that the inferention supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this primal 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 man 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 chapted, or on an attachment with an address.