

FILE NOW: FILING FEE IS \$61.25

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97 MAY 19 AM 10:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Moghan - Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 43499
1. Corporation Name
OPERATION DOCTOR

Principal Place of Business
**1009 PEARCE DRIVE #110
CLEARWATER,
FL 34624, PINELLAS**

Mailing Address
**P.O. BOX 8446
CLEARWATER,
FL, 34618, PINELLAS**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
25 State, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified **5-17-91**

3a. Date of Last Report

4. FEI Number
EIN#59-310370

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GERALDINE MOEN
1009 PEARCE DRIVE, #110
CLEARWATER,
FL, 34624 PINELLAS COUNTY**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0902 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered 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. I am familiar with, and accept the obligations of, Section 617.0903, Florida Statutes.

SIGNATURE *GM*
NOTE: Registered Agent's signature required when filing.

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT GERALDINE MOEN
1.3 STREET ADDRESS	1009 PEARCE DRIVE #100 CLEARWATER, FL, 34624
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRUSTEE BARBARA VILLELLA
2.3 STREET ADDRESS	1716 KYBER LANE MINNEAPOLIS, MN 55471
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TRUSTEE TERAI FRITZ
3.3 STREET ADDRESS	5217 TAYLOR NB MINNEAPOLIS, MN 55421
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRUSTEE JUDY MOEN
4.3 STREET ADDRESS	2045 EAST BAY, #409 LARGO, FL, 34641
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002190380
5.3 STREET ADDRESS	-05/23/97--01116--004 *****61.25 *****61.25
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002190380
6.3 STREET ADDRESS	-05/23/97--01116--005 *****8.75 *****8.75
6.4 CITY - ST - ZIP	

14. I do 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Geraldine Moen* 4/17/97 813-726-3000
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Date Filed