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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082769 (9) DEDRA HERN. CRNA. P.A.

FILED Jan 26 1998 8:00am Secretary of State

DEDRA HERN, CRNA, P.A.					
				Í (1000100) AN LOIDO PERE NOLL ROLL BRANT DO PR	### #####
Principal Plac	ce of Business	Mailing Address		- 1 (62) and the lift of the l	***
118 PALMETTO LANE 118 PALMETTO LANE LARGO FL 34640 LARGO FL 34640					
}				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		11/24/1993 4. FEI Number	Applied For
			CHIPPELLY AU		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	0, 0.00., 7.0.		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Star		City & State	_	6. Election Campaign Financing	\$5.00 May Be
23 A	mpA , I'C		<u> </u>	Trust Fund Contribution	Added to Fees
Zip 24 33	Country	Zip 33/00/2	Country	8. This corporation owes or has paid the cu	
24 33	9. Name and Address of Curre	29 3	0		YesNo
	 	it Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
HERN, DEDNA					
118 PALMETTO LANE LARGO FL 34640 82 Street A			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
_ D4	NGO FE 34040		83 215	AU 7376 . A.	
			313	CHIPPELLA AUG	
			84 City	TAMOA FL	85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	the above-named corpo	oration submits this statement for the purpose of	f changing its registered
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 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 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE. F	Registered Agent signature require	d when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 ITTLE	DEDRA HEREN, President	Change Addition
NAME	HERN, DEDRA		1.2 NAME	316 CHIPPEWA Ave	
STREET ADDRESS	118 PALMETTO LANE		1.3 STREET ADDRESS	TAMPA, FL 33606	
CITY-ST-ZIP	LARGO FL 34640		1.4 CITY-ST-ZIP	1/mps, 1 5 3000	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 City-St-ZiP	6.1	
		DETE LE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		f
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		Cuards CT Variation
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify for the	he exemption stated in S	section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information

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 supplies/ential 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 title 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 changed, or on/an attachment with an appress.

SIGNATURE:

Madende FOLLIRED DEDRA HOREN, Presion

1-15-97

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