FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUM	MENT # P9500	0026440 (4)			
SEVEN SPRINGS MEDICAL CENTER, P.A.					
Principal Pace of Person New Port R		Mailing Address 9956 STATE ROAD 54 NEW PORT RICHEY FL	34653	FRENINDI IIO (UIO) DIAIL BOBIL DOIN O	BILI BERTO TIMIR BILILI BIBLI BOJE LODE
763:	329 >6329.			3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report
2. Principal Plai 21 632		2a. Mailing Address 1 26 6329	State Rd 54	4. FEI Number 59-33)619	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	PR FL	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34	6 5.2 Country	^{Zip} 34653	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
DUALBAU	N. OURBRIANT O				
DHALIWA	AL, GUNWANT S ATE ROAD 54		82 Street Addre	ss (P.O. Box Number is Not Acceptable)
	RT RICHEY FL 34653		83		
(229				
	6321	•	84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corpora	tion submits this statement for the purp	ase of changing its registered office.
familiar with	i, and accept the obligations of, Sec	ທສະຣິບັດກະຕາສາຄູຍ was aumorize ກາງ 607.05ທັງ, Florida Statutes.	o by the corporation's board	d of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE	(estra		INWANT S.	. DHALIWAL	1.26.96.
		Fanctul applicable (NOT 2D DIRECTORS	E. Registered Agent signature required 13.	when reinstating! ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TOTALE	D	DELFTE	1 1 TITLE	TODITIONS OF THE CONTROL OF THE	Change Addition
NAM:	DHALIWAL, GUNWANT S		1.2 NAME		
STREET ADDRESS	6035 SEA RANCH DRIVE, A	PT. 415	1.3 STREET ADDRESS		
C(1) - \$1 - 2(P)	HUDSON FL 34667	Fig. Dr. Dr.	1.4 CHTY-ST-ZIP		
THEF		DELETE	2 1 TITLE		Change Addition
NAM. STREET ADDRESS			2.2 NAME 2.3 STREET ADORESS		
CID ST ZIP			2.4 CHY+S1-ZIP		
THEF		☐ DELÉTÉ	3 1 TITLE		Change Addition
NAM:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-SI-ZiF Title		↑ DELETE	3.4 CHY - \$1 - ZIP		Change C 1442
NAME		[_] betrie	4 1 TITLE 42 NAME		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CHY ST ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELFTE	5 Y TITLE		Change Addition
NAMo			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY ST-ZIF		Γ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		[] опете	6 2 NAME		The cutting Characters
SUREH ALCOPENS			63 STREET ADDRESS		
City+S1+ZIP			6.4 CITY - ST - 7IP		
certify that	the information indicated on this ann	ual report or supplemental annu oration or the receiver or trustee	shed and does not qualify for all report is true and accurate emproyeed to execute this	r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flor	ame legal effect as if made under

OFFICER OR DIRECTOR