

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000063353 (2)**

1. Corporation Name  
**COMPLETE WELLNESS MEDICAL CENTER OF 4TH STREET, ST. PETERSBURG, INC.**



Principal Place of Business  
**8730 4TH STREET NORTH  
ST. PETERSBURG FL 33702**

Mailing Address  
**8730 4TH STREET NORTH  
ST. PETERSBURG FL 33702-3106**

3. Date Incorporated or Qualified  
**07/26/1996**

3a. Date of Last Report

4. FEI Number  
**52-1982042**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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	

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>E. Eugene Shanon</b>
1.3 STREET ADDRESS	<b>725 Independence Ave., SE</b>
1.4 CITY-ST-ZIP	<b>Washington, DC 20003</b>
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Danielle F Milano</b>
2.3 STREET ADDRESS	<b>725 Independence Ave., SE</b>
2.4 CITY-ST-ZIP	<b>Washington, DC 20003</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; that I am an 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 changed, or on an attachment with an address.

**SIGNATURE:** *Danielle F Milano* **REQUIRED** *Danielle F Milano* **4/26/97** **202-543-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)