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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1998	Secretary DIVISION OF CO	of State	Secretary of State	
DOCU!		0072433 (1)			
ADEI N	wadanen, m.D., r.a.			THE REAL PROPERTY OF THE PERSON OF THE PERSO	
Principal Place of Business		Mailing Address			
908 N.W. 57TH STREET		6783W. MEWBERRY ROAD			
Suite C Gainesville FL 32605		330 Gainesville fl. 32805		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified 08/28/1996	
	ace of Business	2a. Mailing Address		4. FEI Number Applied Fo	1
Suite, Apt.	# etc	26		59-3397604 Not Applica	
22	#, 0 10.	27		6. Certificate of Status Desired	' i
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zipi	Country	8. This corporation owes or has paid the current year Intangible	\neg
24	9. Name and Address of Currer		<u> o </u>	Personal Property Tax due June 30. Yes No	
WE	IDNER, DONALD W ESQ.	ii negisterou Agent	81 Name		
ADJACA OPERTURNAL PERSONAL MODELS				Idli Karadsheh M.D. ress (P.O. Box Number is Not Acceptable)	
	TE 190	****	908	N.D. STH Sr Suite C	i
JAC	XSONVILLE FL 32256		63		\neg
			84 City	85 Zip Code	
44 Dura anti	010 F00	0 4 007 1000 511-4-01-1		41000112 FL 32605	
office or re	agistered agent, or both, in the State	Florida Such change was au	thorized by the corporat	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	rea
	m tamiliar with far i ascept the oblig	thins of, Section 607.0505, Flori	da Statutes.	11 1 10 10	
SIGNATURE	Signature, typed or perstod name of registered agr		Registered Agent signature requir	red when reinstating) DATE	— },
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	KARADSHEH, ADLI MD	☐ DELETE	1.1 TITLE 1.2 NAME	Change Add	ition
STREET ADDRESS	908 NW 57TH ST., STE C		1.2 NAME 1.3 STREET ADDRESS		- 1
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		13
TOTLE		DELETE	2.1 TITLE	Change Add	ition
NAME			2.2 NAME		- {
STREET ADDRESS			2 3 STREET ADDRESS		- }
CITY - ST - ZIP		17 00,000	2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Add	ונוסח
NAME STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		-
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Add	ition
NAME			4. 2 NAME		- }
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY - ST - ZIP		DELETE	4.4 City-St-ZiP		
TITLE NAME			5.1 TITLE 5.2 NAME	☐ Change ☐ Add	IIION
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		1
TITLE	***************************************	☐ DELETE	6.1 TITLE	☐ Change ☐ Add	ition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP	artify that the information synclicity	with this filing does no small to far	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the informat	
Indicated	on this annual report or supplements	al armual record is true and accur	rate and that my signatu	Section 119.07(3)(i), Florida Statutes. Fluttner certify that the informat re shall have the same legal effect as if made under oath; that I am ar uired by Chapter 607, Florida Statutes; and that my name appears in	ויטו

officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or of an attributed to the corporation of the receiver or Block 12 or Block 13 if changed, or of an attributent

4/30/98 352-331-7400

FILED

May 12 1998 8:00am

SIGNATURE: