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FILED  
Jun 18 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 # P96000098375 (4)

1. Corporation Name

ARCADIA MEDICAL CARE, P.A.

Principal Place of Business Mailing Address  
~~713 East Marion Avenue, Suite 201~~ ~~P. O. Drawer 511447~~  
 Punta Gorda, FL 33950 Punta Gorda, FL 33951-1447

3. Date Incorporated or Qualified 12/05/1996  
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 303 E GIBSON ST 26 1771 JAMAICA WAY  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 ARCADIA, FL 27 PUNTA GORDA, FL  
 City & State City & State  
 23 34266 25 USA 29 33950 30 US  
 Zip Country Zip Country

4. FEI Number Applied for 65-0714043  
 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

9. Name and Address of Current Registered Agent  
~~Hackett, Jack O III~~ MARGARITA URRUTIA  
~~115 W. Olympia Avenue~~ 1771 JAMAICA WAY  
 Punta Gorda FL 33950

10. Name and Address of New Registered Agent  
 81 Name MARGARITA URRUTIA BERRIOS  
 82 Street Address (P.O. Box Number is Not Acceptable) 1771 JAMAICA WAY  
 83  
 84 City PUNTA GORDA FL 85 Zip Code 33950

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 607.0508, Florida Statutes.

SIGNATURE *Margarita Urrutia Berrios* DATE 6-11-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESTEPA, SAMUEL V DR.	
STREET ADDRESS	713 EAST MARION AVENUE, STE 201	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	BERRIOS, LUIS D DR.	
STREET ADDRESS	713 EAST MARION AVENUE, STE 201	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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 \*\*\*165.00

*RUU*  
6-18-97

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: *Samuel Estepa* SAMUEL ESTEPA - PRES DATE 6/22/97 DAYTIME PHONE # 941-639-8797

CR2E034 (9/96)