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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

280 NORTH SYKES CREEK PARKWAY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$94163

ROBERT L. BASHORE, M.D., P.A.

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280 NORTH SYKES CREEK PARKWAY

Mailing Address

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FILED

Feb 12 1997 8:00am

Secretary of State

City & State City & State City & State 28 City & State Trust Fund Contribution Added to Fees Country Country S. This corporation has liability for intangible tax under s. 199.032,	MERRITT ISLAN	D FL 32953	MERRITT ISLAND FL 32953-	3427		
Suite, Apt. #, etc. Suite,						
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	······	lace of Business				Applied For
27 Cry & State Cry & Country Cry & Cry & Country Cry & Cou		# At.			59-3091770	
Trust Fund Contribution	22		27		5. Certificate of Status Desired	4
Zip		e e				
9. Name and Address of Current Registered Agent FRESE, GARY B. 90 SOUTH HARBOR CITY BLVD. SUITE 505 MELBOURNE FL \$2901 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 11. Pursuant to the provisions of Sactions 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 1 or prediction of the purpose of changing its registered agent agranture required when relinsating). DATE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE BASHORE, ROBERT L. M.D. 20 N. SKYES CREEK PKWY MERRITT ISLAND FL DELETE 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS CITY-S1-ZP MERRITT ISLAND FL DELETE 2.1 TILLE 2.2 NAME 3.3 STREET ADDRESS CITY-S1-ZP DELETE 3.1 TILLE Change Addition Change Addition		Country		Country		
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SUITE 605 MELBOURNE FL 32901 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11LE DELETE 1.1 TILE DASHORE, ROBERT L. M.D. 1.2 NAME SIRECT ADDRESS CITY-ST-ZIP MERRITT ISLAND FL DELETE 1.3 TILE Change Addition Addition DELETE 3.1 HILE Change Addition Change Addition	·		t Registered Agent		10. Name and Address of New Regi	stered Agent
SUITE 605 MELBOURNE FL \$2001 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of legistered agent and the displacable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE D				61 Name		
MELBOURNE FL \$2901 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 agent. I am farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tysted or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFTICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE NAME SIREET ADDRESS CITY-ST-ZIP ITILE DELETE 11 TITLE 12 Addition NAME SIREET ADDRESS CITY-ST-ZIP TITLE 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31				82 Street A	ddress (P.O. Box Number is Not Acceptable)
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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 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE NAME BASHORE, ROBERT L. M.D. 280 N. SKYES CREEK PKWY MERRITI ISLAND FL DELETE 11 TILE DELETE 21 TILE Change Addition Addition NAME SIRECT ADDRESS CITY-ST-ZIP TILE DELETE 22 NAME 23 STRECT ADDRESS CITY-ST-ZIP TILE DELETE 31 TILE Change Addition Change Addition Change Addition	MELE	30URNE FL 32901		83		
11. Pursuant to true provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the original control of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, systed or printed name of registered agent and tele if appassable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICE RS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THLE NAME SIRRET ADDRESS CITY-ST-2IP ITILE DELETE 1.3 TITLE 1.4 CITY-ST-ZIP THLE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP THLE Change Addition Change Addition Change Addition Change Addition	-			84 City		85 Zip Code
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Signature, tysted or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D	l office of fi	edistered agent, or both, in the State.	of Florida. Such change was at	uthorized by the corp	corporation submits this statement for the pur oration's board of directors. I hereby accept	pose of changing its registered the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Addition NAME BASHORE, ROBERT L. M.D. 1.2 NAME		740 T T T T T T T T T T T T T T T T T T T				
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CITY-ST-7IP 5.4 CITY-ST-7IP						

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 supplementannual 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 conversion or the release empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if chamted, or on in attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING THEIR OR DIRECTOR

Shar

y07) 452-388<