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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mórtham

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Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **\$74615**1. Corporation Name

(3)

SOUTHWEST FLORIDA PROSTHETIC CLINIC, INC.								
Principal Place of Business Mailing Address 1510 ROYAL PALM SOUARE BLVD. 1510 ROYAL PALM SOUARE SUITE 105 FT. MYERS FL 33919 FT. MYERS FL 33919-1095								
					3. Date Incorporated or Qualified 08/19/1991	3a. Date o		port
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>		olied For
:1		26			65-0307582		Not	Applicable
Suite Apt. i	#. (t)	Suite, Apt. #, etc	> .		5. Certificate of Status Desired	□ \$	8.75 Ad	
City & State	()	City & State			Election Campaign Financing Trust Fund Contribution		5.00 M Added to	•
Z-μ	Country	Ζιρ	Cou	intry	8. This corporation has liability for in			
4	25	29	30			Yes N		
·	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Age	nt	
	RINO, GREGORY			81 Name				
) royal palm square blvd. Te 105			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)		
FT M	AYERS FL 33919			83				
				84 City	Zinin.	8!	Zip C	ode
				'	poration submits this statement for the pution's board of directors. I hereby accep	FL		
SIGNATURE	Signation , Typed or printed name of egy vesset ag	and and the if applicable	INOTE Registere	d Agent signature requi	(red when reinstating)	DATE		
т	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			S IN 12
TITLE	D	ND DIRECTORS DELETI	E 1.1 T				RECTORS Change	Addition
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