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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	9	9	7	
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DOCUMENT # P93000052041 (9) CENTRAL MEDICAL CLINIC, INC. Principal Place of Business 4527 US 19 NEW PORT RICHEY FL 34852 Mailing Address 4527 US 19 NEW PORT RICHEY FL 34852 MEW PORT RICHEY FL 34852						
				 Date Incorporated or Qualified 07/23/1993 	3a, Date of Last Report 08/23/1996	
2. Principal F	Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		59-3 193826	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	T 6	Trust Fund Contribution	Added to Fees	
Z _i p 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, ☐ Yes ☐ No	
<u></u>	g. Name and Address of Curre			10. Name and Address of New F		
EM	ANDI, RICH		81 Name			
572	23 WESTSHORE DR		82 Street	Address (P.O. Box Number is Not Accept	able)	
NEV	W PORT RICHEY FL 34852					
			83			
			84 City		FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607/05	i02 and 607 1508. Florida Statut	es the above-named	corporation submits this statement for the	Ourpose of changing its registered	
office of agent. I a	registaced arient, or poin, in the state and familiar with, god accept the oblig spirature, typed or printed name of registered as	gations of Section 607.0505, Flo KICH EMA get and tille if applicable (NOT)	authorized by the corporida Statutes. DI Registered Agent agnature	corporation submits this statement for the oration's board of directors. I hereby acc required when reinstating)	4/29/97	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	D D	☐ DELETE	1.1 TITLE	PRESIDENT	Change Addition	
NAME	EMANDI, RICH		1.2 NAME			
STREET ADORESS	5723 WESTSHORE DR. NEWPORT RICHEY FL 34652	,	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NEWPORT HIGHET PL 34032	DELETE	1.4 CiTY-ST-ZiP 2.1 TiTLE		Change Addition	
NAME			2.2 NAME		End Augusta	
STREET ADDRESS	1		2.3 STREET ADDRESS			
CITY - ST - ZIF	}		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - ZiP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE						
		TT OFFER	6.1 TITLE		Change Ca Addition	
NAME STREET ADDRESS		T OFFEIT	6.2 NAME 6.3 STREET ADDRESS		C Addition	

14. Ido hereby certify that the information supplied with this filling 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 eath; 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 chapter. Or on an attrichment with an address. SIGNATURE:

FILED

May 16 1997 8:00am

Secretary of State