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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 371708

101

	INARY MEDICAL CLINIC,	, INC.	ddroes						
Principal Place of Business 4241 HENDERSON BLVD.		•	4241 HENDERSON BLVD.						
TAMPA FL 33629			TAMPA FL 33629						
							TE IN THIS SP	ACE	
						3. Date Incorporated or Qualified	d		
9 Principal F	Place of Business	Lan Mailin	g Address		<del></del>	10/22/1970 4. FEI Number			oplied For
21 millionpart	INCO OF DUSINOSS	26	ig Addiese			59-1305751		<u> </u>	ot Applicable
Suite, Apt.	. #, etc.		Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired			equired
City & State	10	City &	State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Countr	У	8. This corporation owes or has		· -	
14	25	29		30		Personal Property Tax due Ju-			] No
<del></del>	n. Name and Address of Cu	urrent Hegistered A	Agent	8-	1 Name	10. Name and Address of New I	Hegistered Ag	jent	·
	ARCIA, EDUARDO			•	INAME				
	41 HENDERSON BLVD.		[			ddress (P.O. Box Number is Not Accept	table)		
TAI	MPA FL 33629			83	1			<del></del>	
					1				
				84	City		FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the 5	7.0502 and 607.1508 State of Florida, Suc	8, Florida Stat	utes, the above authorized b	ve-named co by the corpo	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose of cleept the appoin	hanging it ntment as	s registered registered
	to the provisions of Sections 607 registered agent, or both, in the 5 am familiar with, and accept the c	7.0502 and 607.1508 State of Florida, Suc obligations of, Section	8, Florida Stat chichange was on 607.0505, I	utes, the above s authorized by Florida Statute	ve-named co by the corpo es.	orporation submits this statement for the rration's board of directors. I hereby acc	e purpose of cloept the appoin	hanging it ntment as	s registered registered
11. Pursuant office or r agent. I a SIGNATURE								hanging it ntment as	s registered registered
	Signature, typod or project name of registers					orporation submits this statement for the ration's board of directors. I hereby accurated when reinstating)  ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Signature, typod or project name of registers	ed agent and file if apylical		O1E Registered Ag		quired when reinstating)	DATE FICERS AND D		
SIGNATURE	Stphalure, typied or printed name of registers OFFICERS	ed agent and file if apylical	ible (N	O1E Registered Ag	gent signature re	quired when reinstating)	DATE FICERS AND D	DIRECTOR	RS IN 12
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**FILED** 

Apr 29 1998 8:00am

Secretary of State