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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
Principal Place of Business  1901 TAMIAMI TRAIL S. PUNTA GORDA FL 33950  POCUMENT # 285419  (8)  Mailing Address  1901 TAMIAMI TRAIL S. PUNTA GORDA FL 33950  (8)								
						3. Date Incorporated or Qualified 09/28/1964	3a. Date of Last R 03/19/1996	ieport
2. Principal	Place of Business	}	2a. Mailing Address 26			4. FEI Number 59-1059932	Ar	oplied For
	Suite Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & St	ate		ity & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip <b>24</b> ]	Count <b>25</b>	29		Country 30			Yes No	199.032,
		ess of Current Register	ed Agent	81		10. Name and Address of New Re	gistered Agent	
HELPHENSTINE,ROBERT B 1901 TAMIAMI TRIAL PUNTA GORDA FL 33950					Street Add	ress (P.O. Box Number is Not Acceptat	85 7 <sub>10</sub>	Code
11. Pursuar office o	nt to the provisions of Se r registered agent, or boll am familiar with, and ac	ctions 607.0502 and 607. th, in the State of Florida.	.1508, Florida Statute Such change was a Section 607.0505, Flo	es, the above outhorized by	_ ,	poration submits this statement for the patients board of directors. I hereby accept	FLI	ĺ
SIGNATURE		or of registered agent and title if a				red when reinstating)	DATE	
12.		OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12
THE	VDS	0 ANN 0	DELETE	1,1 TITLE			Change	L Addition
NAME	HELPHENSTINE, J 5570 RIVERSIDE D			1.2 NAME				}
STREET ACORES: City: \$1-zie	PUNTA GORDA, F			1.3 STREET 1.4 CITY - S	<b>I</b>			
Tillf	7		DELETE	2.1 TITLE	1-211	······································	☐ Change	Addition
NAME	HELPHENSTINE, J	O ANN P		2.2 NAME				
STREET ADDIRES				23 STREET	ADDRESS			}
CITY - ST - ZIP	PUNTA GORDA, F	L 00000	Driete	2.4 CITY-5	ST-ZIP			Addition
THEE NAME	PD Helphenstine, R	ORFRT R	DELETE	3.1 TITLE 3.2 NAME	1		☐ Change	Addition
STREET LADORES				3.3 STREET	AODRESS			
CHY-S)-ZIF	PUNTA GORDA, F	D. P. 00000		3.4. CiTY-5	· [			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS	5			4.3 STREET	1			ļ
City - ST - ZIP Title			DELETE	4.4 CITY - S 5.1 TITLE	T-ZIP		Change	Addition
NAME				5.2 NAME				
STREET ADORES	s			5.3 STREET	ADDRESS			ļ
CITY-S1-24F	.,			5.4 CITY - S	T- ZIP			
Titt			☐ DELETE	6.1 TITLE	1		☐ Change	Addition
NAME DEDGE LANGUES				62 NAME	******			ļ
STREET ADDRESS	5			6.3 STREET	1			
14.   do hei	I reby centify that the infor	mation supplied with this	filing does not qualify	6.4 CITY-S y for the exe		d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certify that	the
informa Lam an appear	tion indicated on this and officer or director of the s in Block 12 or Block 13	nual report or supplemen corporation or the receiv 3 if changed or on an atta	tal annual report is tr er or trustee empowe achment with an add	rue and accu ered to exec iress.	rate and tha ute this repo	t my signature shall have the same legart as required by Chapter 607, Florida s	il effect as if made un Statutes; and that my i	der oath; that name

**FILED** 

Apr 15 1997 8:00am

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