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**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 330908 (5)
1. Corporation Name
MEDICAL ARTS OF WINTER HAVEN INC



Principal Place of Business Mailing Address
**400 FIRST STREET, NORTH
WINTER HAVEN FL 33881** **400 FIRST STREET, NORTH
WINTER HAVEN FL 33881-4115**

3. Date Incorporated or Qualified **06/05/1968** 3a. Date of Last Report **01/24/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1222370	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Country		Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALO, HARRY A 400 1ST ST N WINTER HAVEN FL 33881				81	Name PALO, MARGARET		
				82	Street Address (P.O. Box Number is Not Acceptable) 400 1ST ST. N.		
				83	WINTER HAVEN, FL		
				84	City	85	Zip Code FL 33881

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 *Margaret Palo* **MARGARET PALO** DATE **1/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALO, HARRY A	1.2 NAME	PD. MARGARET PALO
STREET ADDRESS	400 1ST ST., N.	1.3 STREET ADDRESS	400 1ST ST. N.
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALO, MARGARET L	2.2 NAME	
STREET ADDRESS	400 1ST ST., N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 supplemental annual 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 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 changed, or on an attachment with an address.

SIGNATURE: *Margaret Palo* **MARGARET PALO** DATE **1/21/97** DAYTIME PHONE # **941 294-1605**

CR2E034 (9/96)