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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 459268

DR. CARL M. CHESTLER, P.A.

(9)

9268

FILED Feb 26 1997 8:00am Secretary of State

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STE 7430 MIAMI BEACH FI US 2. Principa! Pla 21 Suite, Apt # 22 City & State 23	ace of Business ₹, etc.	Mailing Address 4701 N MERIDIAL STE 7430 MIAMI BEACH FL US 2a. Mailing Add 26 Suite, Apt. # 27 City & State 28	N AVE _ 33140-2910 ress _ etc.			3. Date Incorporated or Qualified 08/06/1974 4. FEI Number 59-1550767 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of La 03/06/199 \$8.7 Fee \$5.	st Report 6 Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Zip	Country	Zip		Country		B. This corporation has liability for in	itangible tax unda Yes ☐ No	er s. 199.032,
24	25 g. Name and Address of (29 Current Registered Agent	30		~~~~ ~~	Florida Statutes 10. Name and Address of New Reg		
CHES	STLER, CARL M MD	Durion Hogierales rigain		81	Name	10, 110, 110		
	N MERIDIAN AVE							·····
\$701 STE 7				82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)	
	II BEACH FL 33140			83				
ITIM WYP	1 00101110 00110					· · · · · · · · · · · · · · · · · · ·	7-1.	
				84	City		FL 85 3	ip Code
agent Lam SIGNATURE	o the provisions of Sections 64 gistered agent, or both, in the infamiliar with, and accept the signs or bjed or printed name of major	obligations of, Section 607	.0505, Florida	Statutes.		poration submits this statement for the pution's board of directors. I hereby accepted when reinstaling)	urpose of changir t the appointment	ng its registered as registered
		RS AND DIRECTORS						
12.	COLLIDE.	NO AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	TORS IN 12
THLE	PSTD			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
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4. For hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. 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 comparation 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 in changed for an all achment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #