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

CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 459805

JOSEPH M. FRANCE, M.D., P.A.

Mailing Address

(8)

## **PROFIT**

**FILED** Feb 11 1997 8:00am Secretary of State

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802 STERTHAUS AVENUE ORMOND BEACH FL 32174		802 STERTHAUS AVENUE ORMOND BEACH FL 32174-5132								
					3. Date Incorporated or Qualified 08/19/1974		Date of Last Report 4/17/1996			
2. Principal Place of Business		<u> </u>	2a, Mailing Address		4. FEI Number		Applied For			
21 Suite, Apt	# ple	Suite, Apt. #, etc.			59-1560386			ot Applicable		
22		27]	27		5. Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State 23	0	City & State	28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip   <b>24</b>	Country 25	Zip <b>29</b>				This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes    No				
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
FRAI	NCE, JOSEPH		8	Name						
802 STERTHAUS AVENUE ORMOND BEACH FL 32174			8	82 Street Address (P.O. Box Number is Not Acceptable)						
011111			ξ	3		***************************************				
			E	4 City		FL	<b>85</b> Zip	Code		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the abo	ove-named co	rporation submits this statement for the po	Knose of	changing it	ts registered		
office or r agent I a	registered agent, or both, in the St im familiar with, and accept the <mark>o</mark> t	ate of Florida. Such change was a digations of, Section 607.0505, Flo	iuthorized irida Statu	by the corpora les.	ation's board of directors. I hereby accep	t the appo	ointment as	registered		
SIGNATURE										
40	Signature, typical or printed name of registores	agent and other flapplicable (NOTE AND DIRECTORS		gent signature req	ured when reinstating)	DATE	DIDEOTOS			
12.	STVP	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	Addition		
NAME	FRANCE, JOSPEH	beacte	1.2 NAM				LLI CHANGE	Addition		
STREET ADDRESS	802 STERTHAUS AVE			ET ADDRESS						
CHY-ST-ZIP	ORMOND BEACH FL			-ST-ZIP						
THLE	PD	DELETE 2.1 TV		<del></del>		· · · · · · · · · · · · · · · · · · ·	Change	Addition		
NAME.	MAKOWSKI, MICHAEL K		2.2 NAM	E						
STREET ADDRESS	802 STERTHAUS, AVE		2.3 STRI	EET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CIT	1-S1-ZIP						
TITLE	STVP	DELETE	3 1 TITL	E			Change	Addition		
NAME	FRANCE, JOSEPH		3.2 NAM	E	Programme and the second secon					
STREET ADDRESS	802 STERTHAUS AVE		3.3 STR	ET ADDRESS						
CHY-ST-ZIP	ORMOND BEACH FL	T printe		r-St-ZIP			T 61	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
TITLE		☐ DELETE	4.1 THTU				Change	Addition		
NAME CORPORATIONS			4. 2 NAN					•		
STREET ADDRESS			1	ET ADDRESS						
CHY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL	-ST-ZIP			Change	Addition		
NAME		Las pecere	5.2 NAM				Unanyo III	L. Addition		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIF	/			-ST-ZIP				Į		
TITLE		DELETE	6.1 TITL			••••	Change	Addition		
NAME		 `	6.2 NAM			'				
STREET ADDRESS				ET ADDRESS						
CITY+ST-ZIP	' <i>V</i>		1	-ST-ZIP						

Too hereby certify that the information supplies 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 imputal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that ham 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: