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PROFIT CORPORATION ANNUAL REPORT **1997**

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FLORIDA DEPARTMENT OF STATE

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Mar 04 1997 8:00am

Secretary of State

8/3-347-766/

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 466877

(8)

RAIPH A. DE MATTEIS, M.D., P.A.

TIMET III	A DE MATTERO, MICH, TO	•			
Principal Place of Business		Mailing Address	Mailing Address		Aftit Gibit öfütt dintt atnit atnit teat
1900 - 72ND AVENUE NORTHEAST ST. PETERSBURG FLORIDA 33702		1900 - 72ND AVENUE NO ST. PETERSBURG FLORID			
				3. Date Incorporated or Qualified 12/30/1974	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #. etc		Suite, Apt. #, etc.		59-1680104	Not Applicable S8.75 Additional
50ile; Apr. #. e.c		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Contator	28 Zip	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29	30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,
24	9. Name and Address of Cur		1001	10. Name and Address of New Re	gistered Agent
DEN	MATTEIS, RALPH A		81 Name		
	00-72ND AVE NE		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
ST	PETERSBURG FL 33702		83		
			63		
			84 City		FL 85 Zip Code
SIGNATURE 12. TILE NAME STREEL ADDRESS CITY - ST - ZIP TIRE NAME STREET ADDRESS CITY - ST - ZIP	P DE MATTEIS,RALPH A. 1900 72ND AVE NE. ST. PETERSBURG FL	AND DIRECTORS DELETE	DIE Hogistored Aprili signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITy-St-Zip 2.4 CITy-St-Zip	ared when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
TITLE		_ L DECETE	3.1 TITLE 3.2 NAME		Cularige C Addition
NAME STREET ACORESS			3.3 STREET ADDRESS		
CITA- ST- NI.	, l		3 4. CITY-ST-ZIP		
TILE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS	i		4.3 STREET ADDRESS		
CITY-ST Zir			4.4 CITY - ST - ZIP		To: Take
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ACIDRESS	S		5.3 STREET ADDRESS		
CHTY - ST - ZIF		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	100	Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - \$1 - ZiP			6.4 CITY-ST-ZIP		
14 Ldo her	eby certify that the information sup	plied with this filling does not qui	alify for the exemption state	ed in Section 119.07(3)(i), Florida Statut	es. I further certify that the
informat Lam an	tion indicated on this annual report	or supplemental annual report is n or the receiver or trustee empt	s true and accurate and the swered to execute this rep	at my signature shall have the same leg ort as required by Chapter 607, Florida	ial effect as if made under bath; that