	PROFIT RPORATION IUAL REPORT 1996			a B. Morthan atary of State	n				
DOCU		5157	(6)						
	NDO JIMENEZ, M.D	., P.A.							
575 EAST	rincipal Place of Business 575 EAST CENTRAL AVE. WINTER HAVEN FL 33880-3054		Mailing Address 575 EAST CENTRAL AVE. WINTER HAVEN FL 33880-3054				 	INT DIGH SINH SINH	61711 81811 84811 1881 1997
			·			3. Date Incorporated or 1 10/01/1976	Qualified	3a. Date of La 05/01/	ast Report
2. Principal F	Place of Business	<u> </u>	ing Address			4. FEI Number 59-1693573			Applied For
Suite, Apt	. #, etc.)	e, Apt. #, etc.			5. Certificate of Status D	 esired	\$8	Not Applicable
City 8 Sta	te		& State			6. Election Campaign Fin		\$	Fee Required 5.00 May Be
3 Ζφ	Country	28 Zip		Count	try	Trust Fund Contributio 8. This corporation has li		L _ A	dded to Fees
4	25 9. Name and Address	29	Acont	30		Florida Statutes 10. Name and Address	🗌 Yes	🔲 No	
575 EA	ido Jimenez,m.d. Ist central ave. R haven fl 33880				2 Street Ad	dress (P.O. Box Number is Not	Acceptable	9)	
11. Pursuant	to the provisions of Sections	607 0502 and 607 150	8 Elorido Statut		4 City			FL 85	Zip Code
 Pursuant or registe familiar w SIGNATURE 	to the provisions of Sections red agent, or both, in the St th, and accept the obligation Stgruture, typed or pricted name of re	is 0., Section 0.7.0505,	nonoa statules	es, the above ad by the cost.	p-named corporation's bo	pration submits this statement fi and of directors. I hereby accep ed when reinsaling)	or the purp t the appoi		
SIGNATURE	Stgrature, typed or printed name of re	is 0., Section 0.7.0505,	11010a Statu les 16. (NO 3	es, the above ted by the co 3. DTE: Registered Ag 13.	e-named corporation's bo			DATE	Its registered office ered agent. I am CTORS IN 12
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