FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1996	Corner	DIVISION OF	CORPORAT	IONS				
DOCUN 1. Corporation		17786	(0)						
JAMES	D. FORBES, M.D.	., P.A.							
Principal Place	of Business	Mailin	ig Address				I JOHO OFFI DIBLI B	811 81911 81911 8	
141 S DEANE DUFF AVE		141	141 S DEANE DUFF AVE						
CLEWISTON F	FL 33440	CLE	WISTON FL 33440						
						3. Date Incorporated or Quali		te of Last Re	
5 Disabal Dia	and the single-		latin a Autologia			11/01/1976 4. FEI Number	(05/01/199	
2. Principal Pla 21	ace of Business	28. M	lailing Address			59-1695414		<u> </u>	pplied For lot Applicable
Suite, Apt. #	#, etc.		uite Apt. #, etc.			5. Certificate of Status Desire			Additional
22		27				9. Certificate or Status Desire	a 🗋	Fee F	lequired
City & State)	·1	ity & State			6. Election Campaign Financi	ng		May Be
23 Zip	Country			Count	· · · · · · · · · · · · · · · · ·	Trust Fund Contribution 8 This conversion has liability			I to Fees
24	25	29	ı <i>'</i>	30	' y	8. This corporation has liabilit Florida Statutes	y for intangible Î Yes ∷ No	tax under s	198.032,
		ss of Current Register	ed Agent	. 1331		10. Name and Address of N		d Agent	
				8	1 Name				
	, JAMES D			8	2 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
	EANE DUFF AVE			8					
CLEWIST	ON FL			0	3				
				8	4 Otty		F	85 Zip	Code
								_	i .
11. Pursuant to	the provisions of Section	ons 607.0502 and 607.1	508, Florida Statut	tes, the above	unused counc	ration submits this statement for th	ie purpose of c	hanging its re	egistered office
11. Pursuant to or registere familiar with	to the provisions of Section and agent, or both, in the Sth, and accept the obligation.	ons 607.0502 and 607.1 State of Floridal Such of hons of, Saction 607.050	508, Florida Statut range was authoriz 35, Florida Statutes	tes, the above zed by the co	numed carpo rporation's boa	ration submits this statement for th and of directors. I hereby accept the	e purpose of o appointment a	hanging its re as registered	egistered office agent. I am
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oath; that I am an officer or director of the corporation or the report or trostee 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 corporation with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 941-983-8550