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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 535319

(8)

SMITH WILLIAMS SHOPE KASPER, M.D., P.A.

District LDI	(6)						ETHIL BROKE FLOH	
Principal Place		Mailing Addre						
800 MEADOWS RD BOCA RATON FL 33486-2304			800 MEADOWS RD BOCA RATON FL 33486-2304			•		
						3. Date Incorporated or Qualified 05/06/1977	3a. Date 0	of Last Report
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Adoress			4. FEI Number		Applied For
21		26				59-1747290	Not Applicable	
Suite, Apt.	# etc	Suite, Apt.	. #, etc.			5, Certificate of Status Desired	\$	8.75 Additional
City & State	a	27 City & Sta	te					Fee Required
23	<u> </u>	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for i	intangible tay	
4	25	29	[30		· · · · · · · · · · · · · · · · · · ·	Yes N	
	9. Name and Address of Curro	ent Registered Ager	nt			10. Name and Address of New Re	gistered Age	nt
WILL	LIAMS, TIM R.			81	Name			
800	MEADOWS RD			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ile)	
BOC	CA RATON FL 33486					area (170. Day 110.1100 To 1701 To 100 april		
				83				
				84	City			5 Zip Code
					•		FL	- - '
11, Pursuant t	to the provisions of Sections 607.05 egistered exists, or both, in the State	502 and 607.1508, Fli te of Florida, Such ch	orida Statute:	s, the above	-named co	propration submits this statement for the pration's board of directors. I hereby accept	urpose of chi	anging its registere
	m familiar with and accept the obli	igations of Section 6	07.0505, Flor	ida Statutes	i.	allore sound of officers will be sound of	AL	morn as registered
agent. La						11711	141	
SIGNATURE	tale. Will	~ →					17./	
SIGNATURE	Signature, typed or printed name of regularized a	agent and title if applicable	(NOTE:		nt signature rec	pulred when reinstaling)	DATE	DECTODO MI 40
SIGNATURE	Signature, typed or printed name of regulated a OFFICERS A	ngent and title if applicable		13.	nt signature rec	uured when reinstaling! ADDITIONS/CHANGES TO OFFICE		
SIGNATURE 12. DILE	Signature, typical or printed rame of regulated a OFFICERS A PD	ngent and title if applicable	(NOTE:	13. 1.1 THTLE	nt signature rec			RECTORS IN 12 Change
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