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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 547045

1. Corporation Name

DOCED W. SHEDMAN, M.D. D.A.

(5)

FILED
Jan 16 1998 8:00am
Secretary of State

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Principal Plac	ce of Business	Mailing Address		1 takili mist milit idan matt milat ant eift of	att millit Brace ments filbin cade
	LAKE STREET	P.O. BOX 895517			
SUITE 1 LEESBURG FL 34 LEESBURG FL 34748 US		LEESBURG FL 34789		DO NOT HOUSE IN THE	0.004.00
US LEESBURG	-L 34/48	08		DO NOT WRITE IN THIS  3. Date incorporated or Qualified	S SPACE
50				09/01/1977	ĺ
2. Principal 8	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	ne as above	26 Jame	<del>.</del> .	59-1816861	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
I City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
I	IERMAN, JOANNE B		81 Name		
	2 SOUTH LAKE STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LE	ESBURG FL 34748				
			83		Í
			84 City		85 Zip Code
44.5				FI	
office or	registered agent, or both, in the State	of Florida, Such change was a	es, the above-hamed corp authorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ac	or changing its registered
agent. I a	im familiar with, and accept the obliga	tions of Section 607.0505, Flo	rida/Statutes.	( An. 14	
SIGNATURE		X 1 1/0/1. FII (M/II)	/	10/ 11/10/	<i>1</i> 3 !
SIGNATURE	Clarating typed of printed same of perintered sport	July 1 Com	Basistand Asset almost us assult	The selection of the se	<u> </u>
	Signature, typed or printed name of registered ager OFFICERS AND		Registered Agent signature require		ND DIBECTORS IN 12
12.			E. Registered Agent signature require  13.  1.1 TITLE	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		
<b>12.</b>	PD SHERMAN, ROGER W. 425 S WHITNEY ROAD	DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME	OFFICERS AND PD SHERMAN, ROGER W.	DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	PD SHERMAN, ROGER W. 425 S WHITNEY ROAD LEESBURG FL 34748	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD SHERMAN, ROGER W. 425 S WHITNEY ROAD LEESBURG FL 34748 O SHERMAN, JOANNE B	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
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T12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD SHERMAN, ROGER W. 425 S WHITNEY ROAD LEESBURG FL 34748 O SHERMAN, JOANNE B 425 S WHITNEY ROAD	DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition  Change Addition  Change Addition  Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD SHERMAN, ROGER W. 425 S WHITNEY ROAD LEESBURG FL 34748 O SHERMAN, JOANNE B 425 S WHITNEY ROAD	DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition  Change Addition  Change Addition  Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD SHERMAN, ROGER W. 425 S WHITNEY ROAD LEESBURG FL 34748 O SHERMAN, JOANNE B 425 S WHITNEY ROAD	DELETE  DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition  Change Addition
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14. I nereby certify that the information supplied 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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:

E AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Jan 1998

35278/9838