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

CORPORATION · ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthizm
Secretary of State
DIVISION OF CORPORATIONS

1996

560437 **DOCUMENT #** 

(6)

	DONAL	.D R. VANDE POLDER, M.I	)., P.A					
Principal Place of Business Mailing Address						ı inkakı bilin balılı sökle bilink kiril	IBBI BIBIL BIBIL BIBIL	Albit Bibit Bibit 1981
1950 ARLINGTON ST STE 125 MEDICAL ARTS 1950 ARLINGT SARASOTA FL 34239-3551 SARASOTA FL				ON ST STE 125 MEDICAL ARTS 34239-3551				
						3. Date Incorporated or Qualified 02/23/1978	3a. Date of La 04/11/	
1 1	Principal Pla	nce of Business	2a. Mailing Address	. Mailing Address		4. FEI Number		Applied For
21		26				59-1799762		Not Applicable
22	Suite, Apt. F	5, April #, etc.				5. Certificate of Status Desired		5.75 Additional Fee Required
	City & State			·		6. Election Campaign Financing		5.00 May Be
23			28	28		Trust Fund Contribution		Added to Fees
	$Z_{\Phi}$	Country Zip		Count			er s 199.032,	
24		25   29   30   9. Name and Address of Current Registered Agent		30		Florida Statutes		
		5. Wallo alla Madiosa of Quiton	TO STOCK OF THE ST	8	1 Name	IV. Italia and Madross of Itali	ogracio o Agent	
•	DAHLGF	REN, WARD E.		8	2 (2000 21 4 4 4	ess (P.O. Box Number is Not Acceptab	lo)	
		NGUNE BLVD			Street Addin	;s (P.O. Box Number is Not Acceptable)		
_	SARASC	TA FL 33577		8	3			
•				8	4 City		85	Zip Code
	740.71.71.71		1007 4500 Et 11 Ot 1		1		FL   "	
11.	or registers	ad spant, or both, in the State of Florid	dia. Such change was authori	and by the cor	-named corpor poration's boar	ation submits this statement for the puri d of directors. I hereby accept the appo	pose of changing bintment as regist	its registered office   ered agent. I am
	famil ar wit	h, and accept the obligations of, Secti	ion 607.0505, Florida Statute	es.			_	-
SIC	Snature :	Signature, typied or printed name of registered agent	and title of audicable. (A	OTE: Registered Ad	ont signature required	3 when minstatroni	DATE	
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		CTORS IN 12
Ш	.F	<del></del>		1. 1 TITL			☐ Cha	nge 🔲 Addition
NAN	,1£	VANDE POLDER, HELEN		1 2 NAM				
SIE	ELF ADDRESS	305 S SHORE DR		1.3 STRE	ET ADDRESS			
	- \$1 - ZIP	SARASOTA FL PT	Filoritat	1.4 CHY-ST-ZIP				
TITL		VANDE POLDER, DONALD	DELETE	2 1 7171.			☐ Cha	nge 🗌 Addition
NAN	AL EFFADORESS	305 S SHORE DR	221		ET ADDRESS			
	r i Abuncas V-\$1-ZiP	SARASOTA FL		2.3 SINC 2.4 City				
<u></u>			DELETE	3 1 TITLE			☐ Cha	nge Addition
NA.				3 2 NAM			-	
SIR	EET ADDRESS			3.3 STRE	ET ADDRESS			
<u>CDN</u>	V-ST ZIP			3 4 CITY	ST-ZIP			
lift			☐ DELETE	4.1 THE			☐ Cha	nge 🗀 Addition
NAM				4.2 NAM				
	LET ADDRESS				ET ADDRESS	50000174 	1460e	;
	r-SI-7.P		DELETE	44 C(TY		-03/15/96010	)48037 <sub>Cha</sub>	nge Addition
T III NAM			[] bereit	5 1 TITLE 5 2 NAME		***200.00	FJ 019	go [   Rodition
	e: EET ADDRESS				F1 ADDRESS			
	( \$1-2P			5.4 CITY				
TIL			DELETE	6. 1 TITLE			☐ Cha	nge Addition
NAV	15			6 2 NAM				
SIH	EET ADORESS			6 3 STRE	ET ADDRESS			
0:11	r-\$1-7iP			6.4 CITY	ST-ZIP			
14	Lao hereby	certify that the information supplied y	with this filmo is voluntarily for	mished and do	es not qualify fo	or the exemption stated in Section 119.0	07(3)(k) Florida S	tatutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 137 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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