ANNUAL REPORT 1997		Sandra B Secretar	TMENT OF STATE . Mortham y of State :ORPORATIONS	Feb 28 1 Secreta		
Corporation Native BROWARD BLOOD FLOW I		<b>(1)</b>				
incipal Place of Business 29 Johnson Street XLYWOOD FL 33021	3329 JO	Address HNSON STREET IOOD FL 33021-541	9		UIUII UIUII UIUII UIUII UIUI	I OFOIA LOOI
				3. Date Incorporated or Qualified 04/03/1978	3a. Date of Last 06/27/1996	Report
Principal Place of Business		ing Address		4. FEI Number 59-1978746	······	Applied For Not Applicable
Suite, Apl. #, etc.		e. Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State	27 City	& State		6. Election Campaign Financing	\$5.0	Required D May Be
Zip Country	28 Zip		Country	Trust Fund Contribution  8. This corporation has liability for I		to Fees
25 0 Name and Address	29 as of Current Registered		30		Yes No	
SCHLAEN M.D., HORACIO			81 Name			
3329 JOHNSON STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)	
HOLLYWOOD FL 33021			83		<u></u>	
I. Pursuant to the provisions of Section	ions 607.0502 and 607.15	08, Florida Statute	84 City es, the above-named cor	poration submits this statement for the p		Code its registered
GNATURE Signature, typed or printed name	of reproceed agent and the Pappli	icatile (NOT)	es, the above-named cor authorized by the corpora tricla Statutes.		Durpose of changing pt the appointment e	its registered is registered
GNATURE Signaties, space or pented name P.OF LE <b>PD</b>	of represent agent and the if apple FICERS AND DIRECTOR	icatile (NOT)	es, the above-named cor authorized by the corpora rrida Statutes.		Durpose of changing pt the appointment e	its registered s registered DRS IN 12
GNATURE Signature, spector printed name Le PD SCHLAEN, HORACK	of reposed agent and the if applie If ICERS AND DIRECTOR	icatile (NO1) IS	es, the above-named cor authorized by the corpora pricia Statutes. E Registered Agent signature requinant 13. 1.1 TITLE 1.2 NAME	uired when reins(atmp)	DUTPOSE OF CHANGING pt the appointment a DATE CERS AND DIRECTO	its registered s registered
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