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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 588616

RAY C. WUNDERLICH, JR., M.D., P.A.

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**FILED** 

Apr 23 1997 8:00am

Secretary of State

2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Country 3. Country 3. Country 3. This corporation has liability for intangible tax under s. 199.032,	Principal Place of Business Mailing Address  666 6TH STREET SOUTH 686 6TH STREET SOUTH SUITE 206 SUITE 206 ST. PETERSBURG FL 33701-4889 ST. PETERSBURG FL 33701-4889							
2. Notice of Regrets 4 Ve R / 1. 2. Molling Cyting 9 4 th Ave N . 3. Molling Cyting 9 4 th Ave N . 4. Fell Number   Applied For   Applied For						3. Date Incorporated or Qualified 10/01/1978		
Copy   State   Copy				th A	ve N.			Applied For
Added to Fees  Truel Fund Contribution	Stilte, Apt	#, etc	<del> </del>			5. Certificate of Status Desired	IN 7 -	
Name and Address of Current Registered Agent	City & Stati	petersloving, Fl	St. Dete	456V	rg, FL			
WUNDERLICH, RAY JR.  11 F2 94th Ave. North St. Petersburg, FL 33 702  84 City FL 85 Zip Code  11. Fursiant to the provisions of Socioons (07 0502 and 507 1508 Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered states.  SIGNATURE  12. D	Zip 24 35	Country /		_ ´				nder s. 199.032,
## City ## Ave. North ## Street Address (P.O. Box Number is Not Acceptable)  11. Pursuind to the provisions of Sections 607 (502) and 607 (508. Florida Statutes, the above-named corporation authritis this statement for the purpose of changing its registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provision and Accept the obligations of, Section 607 (505. Florida Statutes).  ### Signature of Provis		9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
## City ## Cit	WUN	NDERLICH, RAY JR.			Name :			
## City ## Cit	<b>.</b>	PETERSPURA SLOOP 1	52 94th Ave N Detersburg F	10/44/82	Street Addi	ress (P.O. Box Number is Not Accepta	ole)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the polyment as registered office, or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the polyment as registered office, or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the polyment as registered office, in the provision of the provision of the second of the state of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, Statutes, type of provision of the State of Florida, State of Florida	42.16	01		83		· · · · · · · · · · · · · · · · · · ·		
11. Pyraum to the provisions of Sections 607 6502 and 607 1508. Florida Statutes the above named corporation automits this statement for the purposes of changing lite registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATUTE			35702	84	City		FL 85	Zip Code
Signature types of process name of my stores agent and their applicable   NOTE Represented Agent agents when religiating   NOTE REPRESENTATION   13.	office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by	the corporat		purpose of chang	
12.	SIGNATURE							
DELETE					ent signature requi			CTODE IN 10
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NAME		011212	DELETE		1-217			nange Addition
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	1		b/		]		<u></u>	
City St - 74P					ADDRESS			
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	NAM6			6.2 NAME				
	STREET ADDRESS			6.3 STREET	ADDRESS			

14. Lab hereby 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 agreed 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 fine colivoration or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or an an attachment with an address

**SIGNATURE:**