ANNUA	POFIT PORATION AL REPORT 996		RIDA DEPARTMI Sandra B. M Secretary of VISION OF COR	ortham <sup>1</sup> State			
rporation N	TRICS & GYNECOLOGY AS		(6) DF SOUTH I	FLOR			
sipal Place of Business Mailing Address							
HOSPITAL			TAL AVENUE . 34994-2338				
					3. Date incorporated or Qualified 01/02/1969	3a. Date of L 03/01	ast Report /1995
ncipal Plac	ce of Business	2a. Mailing Ac	ddress		4. FEI Number 59-1227509		Applied For Not Applicab
ite, Apt. #,	, etc.	26 Suite, Apt	t. #, etc.		5. Certificate of Status Desired	7	8.75 Additional Fee Required
y & State		27 City & Sta	ate		6. Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be Added to Fees
)	Country 25	28 Zip 29	30	Country	8. This corporation has liability for		
	9. Name and Address of Current			1. 81 Name	10. Name and Address of New I	Registered Ager	nt
314 SE H STUART	N, ALTON L M.D. IOSPITAL AVE. FL 34994	and 607.1508 Fil	orida Statutes. #	82 Street Ac 83 84 City e above named corr	poration submits this statement for the pu	FL 8:	a its registered off
314 SE H STUART Pursuant to or registered amiliar with ATURE	OSPITAL AVE. FL 34994 the provisions of Sections 607.0502 i d agent, or both, in the State of Floridi h, and accept the obligations of, Section	a. Such change w on 607.0505, Flori	vas authorized bj ida Statutes.	63 84 City	poration submits this statement for the pu pard of directors. Thereby accept the app	ITL I	a its registered off
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