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 #

RICHARD M. ANDERSON MD PA

FILED Feb 09 1998 8:00am Secretary of State

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						\$1811 31 911 01911 01911 1001
Principal Place of Business Mailing Address						
106 SOUTHWEST TENTH STREET 106 SOUTHWEST TENTH S GAINESVILLE FL 32601 GAINESVILLE FL 32601			STREET		ĺ	
GAINESVILLE FL 32601		GAINESVILLE PL 32001	GAINESVILLE FL 32801		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/24/1969	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-1274153	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the cur	
24	25		30		Personal Property Tax due June 30. L 10. Name and Address of New Registered	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registered	ngent
	iderson,richard M		•"	Name		
	6 S.W. 10TH STREET		82	Street Ac	dress (P.O. Box Number is Not Acceptable)	
G/	unesville fl		83	 		
			"	1		
			84	City	FL	85 Zip Code
	10.00.007.00	no d coz de co Elocido Ctot de	on the show	ro nomed or	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered
SIGNATURE	m familiar with, and accept the oblig Signalum, typed or pented name of registered as				quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	I PD	DELFTE	1.1 TITLE			☐ Change ☐ Addition
NAME	ANDERSON, RICHARD M		1.2 NAME			
STREET ADDRESS	106 S W 10TH ST		1.3 STAE	T ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CHY-	ST-ZIP		
TITLE		DELFTE	2 1 TITLE			Change Addition
NAME			2 2 NAME	:		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	.		
STREET ADDRESS	ĺ		3.3 STRE	ET ADDRESS		
CITY-SI-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE	1		Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CiTY			Change Addit
TITLE		☐ DELETE	51 THTLE	1		Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		T outs	5.4 CITY			☐ Change ☐ Addition
TITLE		DELETE	6.1 TITLE			Change Changes
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

14. Thereby 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