	NOW: FILING FEE	AFTER MAY 1ST	IS \$550.00		LED	
	PROFIT PORATION		RTMENT OF STATE	Mar 24 1	998 8:0	)0am
ANNUAL REPORT		Sandra B. Mortham Secretary of State		Secretary of State		
·	1998	DIVISION OF	CORPORATIONS			all
DOCUN Corporation	MENT # 601987	7 (1)				
WINTER	HAVEN ORTHOPEDIC &	SPORTS MEDICINE CL	.INIC			
, P.A.						
Principal Place		Mailing Address 101 AVE D NW		L EBOLID DIEL OOFDI ITDED IDEUT IDEL I	INT ATRE ATRE BIGE ATRE ATRE	I <b>U U U I U I U U U</b> U
WINTER HAVEN FL 33881		WINTER HAVEN FL 33881		DO NOT WRITE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualified 03/06/1970</li> </ol>		
	ace of Business	2a. Mailing Address		4, FEI Number		oplied For
Suite, Apt.	H, etc.	26 Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	<b>\$8.75</b>	ot Applicable Additional
City & State	, <del>, , , , , , , , , , , , , , , , , , </del>	27 City & State		6. Election Campaign Financing	Fee Re	equired May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution B. This corporation owes or has p	Added	to Fees
	25	29	30	Personal Property Tax due Jun	e 30. 🕱 Yes 🛙	
SUL	9. Name and Address of Curre LIVAN, PATRICK D	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
101	AVE D NW		82 Street Add	Iress (P.O. Box Number is Not Accepta	ble)	
WIN	TER HAVEN FL 33881		83			
			64 City			
1. Pursuant t	o the provisions of Sections 607.050	02 and 607 1508, Florida Statut	es the above-named cor	poration submits this statement for the		Code ts registered
office or re agent. I ar GNATURE	o the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblig Stoneture, typed or pented name of registered ag	e of Florida Such change was galions of, Section 607,0505, Fl	es the above-named cor	ition's board of directors. I hereby acce		he registered
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