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PROFI1 CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 602317

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FILED	
Apr 28 1997 8:00ar	n
Secretary of State	

JOSEPH T. OSTROSKI, M.D., P.A. Principal Place of Business 8755 SW 94TH ST SUITE 200 MAIMI FL 33176 US		Mailing Address 8755 SW 94TH ST SUITE 200 MAIM FL 33176-2402						
		US			 Date Incorporated or Qualified 08/04/1970 		ate of Last I 30/1996	Report
···	Place of Business	2a. Mailing Address			4. FEI Number 59-1303962	 	—	applied For lot Applicable
rt∐ — Su⊮e, Apt ⊒T	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Regulred
2 City & Stati	e	City & State			6. Election Campaign Financing	r	\$5.00	May Be
3 Zip	Country	Zip	Counti	гу	Trust Fund Contribution 8. This corporation has liability for	y intangible	tax under	to Fees s. 199.032,
4	25 9. Name and Address of Current	29 Pegistered Agent	30		Florida Statutes 10. Name and Address of New F	Yes [
רפת	ROSKI, JOSEPH T	LIPHICIPU AUGUIL	8	1 Name	IV. ITALIIN GIIU MUUIDES VI NOW F	Aiereien	-April	
8755 SW 94TH ST SUITE 200 MIAMI FL 33176				2 Street Add	Idress (P.O. Box Number is Not Acceptable)			
tur.	mi 1 E 00 17 0		[4 City		FL	85 Zip	Code
office or r agent. La	registered agent, or both, in the State o ini fam har with, and accept the obligati	f Florida. Such change was ions of, Section 607.0505, F	authorized b Florida Statut	by the corpora	poration submits this statement for the ation's board of directors. I hereby acc	ept the app	ointment a	s registered
S:GNATURE	Signated age of or profession of registered age/of OFFICERS AND	and title if applicable (NC			ation's board of directors. I hereby accurate when reinstaling. ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE 12. THE NAME	PD OSTROSKI, JOSEPH T 8755 SW 94TH STREET #200	and title if applicable (NC	OTE Registered A 13. 1.1 TITLE 12 NAMI	gent signalure requ	uired when reinstaling)	DATE		RS IN 12
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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 an attachment with an address.

SIGNATURE: 💉

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