FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 6046	620 (5)						
JOHN /	A. NEILY, D.O., P.A.							
Principal Place of Business Mailing Address					TO THE REAL PROPERTY OF THE PR	1877 DIBIL 31867 31911 I	 	
7316 SW 9TH PLANTATION		7316 SW 9TH COUF PLANTATION FL 333	PLANTATION FL 33317					
US		US			3. Date Incorporated or Qualified	3a. Date of Las	st Report	
					07/25/1973	04/17/	1995	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	-	Applied For	
21		26			59-1477921	¢0	Not Applicab .75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		ee Required	
22			City & State		6. Election Campaign Financing		5.00 May Be	
City & State	9	•	28		Trust Fund Contribution		dded to Fees	
Zip Country			Zip Country		8. This corporation has liability for i	ntangible tax und	ers 199.032,	
man Tolking 1		29	30		Florida Statutes Yes No			
	9, Name and Address of (Current Registered Agent			10. Name and Address of New R	egistered Ageni		
			81	Name				
NEUA	JOHN A.		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
	W 9TH COURT			ļ				
	TION FL 33317		83	'i				1
1			84	City		E1 85	Zip Code	
-					ration submits this statement for the pur	FL S	ite registered of	fice
or register familiar wi	red agent, or both, in the State ith, and accept the obligations o	of Florida. Such change was auth- of, Section 607.0505, Florida Statu	orized by the corputes. (NOTE: Rogistered Agr	poration's boa	ard of directors. Thereby accept the app	ointment as régisi	ered agent. I an	
	Signature, typed or printed name of register		(NOTE: Registered Agr	ent signature requin	ADDITIONS/CHANGES TO OFF		CTORS IN 12	86
12.	T			T	, , , , , , , , , , , , , , , , , , , ,	☐ Cha		CR2E034 (12/95)
NAME	רט –		1.2 NAME				8	
STREET ADDRESS	NEILY, JOHN A		13 STREET ADDRESS					<u> </u>
CITY-ST-ZIP	7316 SW 9TH COURT		1.4 CITY-ST-ZIP					원
TITLE	PLANTATION FL.	DELETE	2 1 TITLE			☐ Cha	ange 🔲 Additio	on C
NAME	D NEW Y MAD LODIE		2 2 NAME					\
NAME NEILY, MARJORIE STREET ADDRESS 7316 SW 9TH COURT			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2 4 CITY	- ST - Z:P				
TITLE		DELETE	3 1 TITL	E		☐ Ch	ange 🔲 Additio	on
NAME	3.7		3.2 NAM	E				-
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4 CHY			F1 0h	anna El Additio	
TITLE			4, 1 TiTL			☐ Ch	ange [] Addition	VII
NAME			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				4 4 CITY - ST - ZIP		☐ Ch	ange [] Additi	on I
		DELETE	5 1 TITLE			F-1 611		
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP		DELETE	5 4 CITY 6 1 TITL	- S1 - Z1P		□ CH	ange 🔲 Additi	ion
TITLE		F] pertit	6.2 NAM					j
NAME								
STREET ADDRESS	· [b.3 S1R	ET ADDRESS				

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

IGHTURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 305-584-5050