## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 605161

(9)

RICHARD L. BECK, M.D. P.A.

Principal Place of Business	Mailing Address	

DELETE

## **FILED** Apr 21 1997 8:00am Secretary of State

Change

while 1997 (407) 834,0003

Addition

SIT N. MAITLA ALTAMONTE S	AND AVE. Springs fl 32701		311 N. MAITLAND AVE. ALTAMONTE SPRINGS FL 32701-5416							
							3. Date Incorporated or Qualified 05/14/1974		te of Last R	eport
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		7 7	pplied For
21	·	26					59-1526028			ot Applicable
Sulte, Apt. #, etc.  22  City & State  City & State  28						5. Certificate of Status Desired		\$8.75 A		
			itale				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	7ip		Cour	ntry		8. This corporation has liability for Florida Statutes		tax under s	. 199.032,
	9. Name and Address of Curre						10. Name and Address of New Re	gistered.	Agent	
REC	CK, RICHARD L.		·		81	Name		·		
	N, MAITLAND AVE.			1	B2	Ctroot And	ress (P.O. Box Number is Not Acceptab			
	AMONTE SPRINGS FL 32701			Į	D2	Street Addi	ess (P.O. Box Number is Not Acceptate	110)		
FNb1	THE STREET STREET			ļ	83					
				-					losT =	
				[	84	City		FL	<b>85</b> Zip (	Code
SIGNATURE	in familiar with, and accept the oblig	east and title if applicable		: Registered			red when reinstalling)	DATE		
12.		ID DIRECTORS	DLUFTE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	
TITLE	PT BECK, RICHARD L.,M.D.	,	יין מנוגוב	1.1 7(1)					Change	Addition
NAME STREET ADDRESS	311 N. MAITLAND AVE.			1.2 NA		up/htsa				
	ALTAMONTE SPRINGS FL					ADDRESS				
CITY-ST-ZIP TITLE	8		DELETE	1.4 CIT 2.1 TITI	—	- ZIP			Change	Addition
NAMÉ	BECK, MARLENE	`		2.2 NA1		}			onungo	L_I / Idamor
STREET ADDRESS	811 N. MAITLAND AVE.					ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			2.4 (1)			·			
TITLE	1-1100-110-41100-4		DELETE	3.1 T/T					Change	Addition
NAME				3.2 NA	Mξ				•	
STREET ADDRESS				3 3 STF	RET A	ADDRESS				
CITY-ST-ZIP				34, 01	Y-\$1	r-ziP	·			•
TITLE		1	DÉLETE	4.1 1)11	. E				Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 S1F	EE1 A	ADDRESS				
CITY-ST-ZIP				4.4 CI]	y - \$1	- <b>7</b> 1P				
TITLE			DELETE	5.1 1111	Lf				Change	Addition
NAME				5.2 NA	ΜE	ľ				
STREET ADDRESS				5,3,519	EFT A	sound seasons				

14. I do hereby 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or in an attachment with an address.

SIGNATURE: