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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # 6114 (Name) L. Steele, M.D., P.A				
Principal Place of Business 2001 MICCOSUKEE ROAD TALLAHASSEE FL 32308		Mailing Address 2001 MKCCOSUKEE ROA TALLAHASSEE FL 32308		1 1021/10 01/191 11:001 11:00 01:00 01:00 10:00 01:00 10:00 01:00 10:00 01:00 10:00 01:00 10:00 01:00 10:00 01	01314 01614 01011 01311 01314 01314 1331
				3. Date Incorporated or Qualified 03/01/1979	\$a. Date of Last Report 04/18/1996
	ace of Business	2a. Malling Address		4. FEI Number	Applied For
21 Suite, Apt	#. etc	26     Suite, Apt. #, etc.		59-1884100	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> ] Zip	Country	<b>28</b>	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes	Yes No
OTC	9. Name and Address of C	urrent Registered Agent	61 Name	10. Name and Address of New Re	gistered Agent
STEELE, ROBERT L M.D. 2001 MICCOSUKEE ROAD				con (D.O. Boy Number in Not Appendix	10)
TALLAHASSEE FL 32308-5307			51 Street Addi	Iress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the p	
office or n agent. Lai	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change was obligations of Section 607.0505, F	authorized by the corporal lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	it the appointment as registered
SIGNATURE					
12.	Signal of types of providence of register OFFICER	red agent and little if applicable. (NO IS AND DIRECTORS	TE Registered Agent signature requirements.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
THEE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAM[	STEELE, ROBERT L M.D. 2001 MICCOSUKEE ROA		1.2 NAME		
STREET ADORESS CITY: ST. 204	TALLAHASSEE FL 32308		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1
Tall F		☐ DELETE	2.1 TITLE		Change Addition
MAM			2 2 NAME		
STREET 400 ESSS			2.3 STREET ADDRESS		
CHY-SL 70F TOLE		DELETE	2 4 CITY-ST-ZIP  3.1 TITLE		Change Addition
NAME			32 NAME		-
STREET ADDRESS			. 3.3 STREET ADDRESS		'
CHY ST 7#		DELETE	3.4. CITY - S1 - ZIP 4.1 TITLE		Change Addition
NAMI,		LJ Cechia	4 2 NAME		— comigo — controli
STREET ADDRESS			4.3 STREET ADDRESS		
C 1Y+51+7/P		I ACCETO	4.4 CITÝ - ST - ZIP		Character Theorem
TITLE NAME		[_] DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADORESS			5.3 STREET ADDRESS		
City \$1-7-4			5.4 CITY - ST - ZIP		
Til. F		☐ DELETE	61 TITLE		Change Addition
NAME CIDICI ANDRESS			6.2 NAME		
STREET ADDRESS CITY: S7: 74P			6.3 STREET ADDRESS ) 6.4 CITY-ST-ZIP		
<b>14.</b> I go fleret	by certify that the information su	ipplied with this filing does not qua	lify for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
Intermation Lancian of appears ii	n andicated on this appeal repo facer or director of the comporat n Block 12 or Block 13 / chang	n or supplemental annual tepon is log or the receiver or trustee empo left, by on an attachment with an ac	wered to execute this repoil dress.	d in Section 119.07(3)(i), Fiorida Statutes t my signature shall have the same lega rt as required by Chapter 607, Florida S	refrect as it made under oath; that tatutes; and that my name

6 Phone 4

**FILED** 

Apr 03 1997 8:00am

Secretary of State