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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 621604

(8)

JOSEPH M. UNANUE, JR., M.D., P.A.

Principal Place of Business Mailing Address 1020 NORTH BLVD EAST 1020 NORTH BLVD EAST LEESBURG FL 34748 LEESBURG FL 34748 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996 05/01/1979 4. FEI Number 2. Principa! Place of Business 2a. Mailing Address Applied For 59-1903953 26 Not Applicable 21 Suite Ant. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 29 Yes No 24 25 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAUTHEN, WILLIAM 131 WEST MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAVARES FL 32778** 83 84 City hs of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered it, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered ag agent Lam famil 1116197 SIGNATURE leut applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change DELETE 1.1 TITLE Addition THLE UNANUE, JOSEPH M.JR 1.2 NAME 1020 NORTH BLVD EAST 1.3 STREET ADDRESS STREET ADDRESS LEESBURG, FL 00000 CITY-ST-7/P 1.4 CITY-ST-ZIP DELETE Change Addition THLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-S1-712 3.4 CITY-ST-ZIP DELETE Addition 4 1 TITLE Change THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CHTY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS**

64 CITY-ST-ZIP

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

14. I do hereby certify that the information supp

information indicated on this annual report of am an officer or director of the corporation appears in Block 12 or Block 13 if cha

CITY-ST-ZIP

FILED

Feb 06 1997 8:00am

Secretary of State