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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

623873

(7)

Mailing Address

RICHARD M. STROMBERG, M.D., P.A.

FILED Feb 25 1998 8:00am Secretary of State



13816 MAND JACKSONVILI		13816 MANDARIN ROAD JACKSONVILLE FL 32223								DO N	OT WF	RITE II	N THIS	SPACE	-					
										3. [Date Inc 06/05	orporet /1979		Qualific	ed					
2. Principal Pl	ace of Busi	2a. Mailing Address					4. (4. FEI Number						Ap	plied Fo)r				
21			26						59-1913128					Not Applicable			able			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Б. (Certificate of Status Desired Sa.75 Additional Fee Required							a)					
City & State	9		City & State					6. 1	Election	Campa	ion Fir	ancino	n		\$1	5 00	May Be			
23				28							Trust Fu		_		_				o Fees	
Zip	<u></u>	['	Country	Zip Cou			Country	у		8. 1	This cor	poration	owes	or has	paid	the cu	rent ye	ar Int	angible	
24		25		29	1. - 1						Proper	roperty Tax due June 30. 🔲 Yes 🔲 No						No		
	9. Name	Registered	legistered Agent					10. Name and Address of New Registered Agent												
M.	RICHARD	81		Name																
FIRST UNION NAT'L BANK TOWER STE 1800									82 Street Address (P.O. Box Number is Not Acceptable)											
22	5 WATER	ST.						Oliego Address (F.O. Dox Normbel is Not Acceptable)												
	CK80NVIL		L 32202			83	1			-										
								1									1			
							84	1	City							FL	85	Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															red ed					
SIGNATURE	Signature, types	d or prin	ted name of registered agen	t and title if appl	icable (NO	TE: Regis	stered Age	ent i	signature re	required when re	einstating)					DATE				_
12.			OFFICERS AND	DIRECTOR	RS .	Ī	13.			· Α[DDITION	IS/CHÁI	NGES	TO OT	FICE	RS AND			S IN 12	
TITLE	PD				☐ DELETË	1	.1 TITLE					-					☐ Ch	ange	Add	lition
NAME			g, richard M.,M	D		1	.2 NAME		l											i
STREET ADDRESS			Darin Road		i		.3 STREET	T ADDRESS												
CITY-ST-ZIP	JACKS	ONV	LLE FL				1.4 CHY-ST-ZIP													
TITLE	डा				DELETE	2	1 TITLE										Ch	ange	Add	lition
NAME			g, georgina d.					NAME												
STREET ADDRESS			Darin Road				3 STREET	TREET ADDRESS												
CITY-ST-ZIP	JACKS	ONV	lle fl				2. 4 CITY - ST - ZIP													
TITLE					☐ DELE TE	3.	.1 TITLE										☐ Ch	ange	Add	ition
NAME						3.	2 NAME													
STREET ADDRESS						3.	.3 STREET	ΓAD	DRESS											
CITY-ST-ZIP						3.	.4. CITY - S	ST-	ZIP											i
TITLE					DELETE	_	.1 TITLE										Ch	ange	Add	ition
NAME						4.	. 2 NAME		- 1											
STREET ADDRESS						4.	.3 STREET	(AD	DRESS											- 1
CITY-ST-ZIP						4.	4 CITY-S	ST- 2	ZIP											
TITLE	· -				DELETE		1 TITLE						,				Ch	ange	Add	ilion
NAME						5.	2 NAME													
STREET ADDRESS						5.	3 STAEET	(AD	DRESS											ŀ
CITY-ST-ZIP						5.	4 CITY-S	ST - Z	ap											- 1
TITLE					DELETE	6.	1 TITLE			•							☐ Ch	ange	Add	ition
NAME						6.	2 NAME													
STREET ADDRESS							3 STREET	ADI	DRESS !											
CITY-ST-ZIP							4 CITY - S		i											
14. Thereby o			rmation supplied wit			for the	exemp	tio	n stated											
officer or o	firector of th	ne cor	oort or supplemental poration or the receinged, or on an attact	ver or truste	e empowered to															,