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 # 626651

26651 (4)

J. ERIC TAYLOR, JR., D.O., P.A.

FILED
May 19 1997 8:00am
Secretary of State



rincipai Piace	of Business	Mailing Address							
025 INDIAN RO ARGO FL 34644		P O BOX 756 LARGO FL 33779-0756							
IS .		US			3. Date incorporated or Qualified 06/19/1979		3a. Date of Last Report 05/01/1996		
2. Principal Pla	ace of Business	28. Mailing Address				4. FEI Number		Į A	pplied For
4		26				59-2125770			ot Applicat
Suite, Apt 4	#, Oto	Suite, Apt. #, etc.				5. Certificate of Status Desired	×		Additional equired
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be
		28				Trust Fund Contribution	Ŋ_	Added	to Fees
Zφ	Country	Zip	Cou	intry	•	8. This corporation has liability for i			s. 199.032,
	25 9. Name and Address of Currel	29	30	_	······································	Florida Statutes 10. Name and Address of New Re	Yes		
7001		in vedisioned when		81	Name	IV. Name and Address of New No	Sierei en s	About	
	IAU, JULIUS J.								
911 CHESTNUE CLEARWATER FL 34616				82	Street Add	treet Address (P.O. Box Number is Not Acceptable)			
CLEA	NITALEN EL 14010			83					
				84	City		FL	85 Zip	Code
GNATURE :	Signature, typed or printed name of registered 89	ent and late if applicable	(NOTE: Registere	d Age	ant signature requi	irad when reinstating)	DATE		
		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
	PD	DELETE						Change	L Addi
	TAYLOR, J. ERIC, JR.,D.O		1,2 N/						
	2025 INDIAN ROCKS RD. LARGO FL				ADDRESS				
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- (2025 INDIAN ROCKS RD.				ADDRESS				
	LARGO FL				ST-ZIP				
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í Í	TAYLOR, JEORGE, ERIC		3.2 N	AME					
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- 5° - 210	LARGO FL		3.4. C	HY-	ST-ZIP				
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EET ADORESS					ADDRESS				
TY-SI-ZIP			6.4 CI	11 T - S	ST-ZIP				

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 comporation 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 the point an address.

SIGNATURE:

MATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR TO THE TO THE TOTAL OF SIGNING OFFICER OR DIRECTOR TO THE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

R2E034 (9/96)