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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

	1996	Con in	7 V	ecretary of State N OF CORPORATIONS			
DOCU 1. Corporat	JMENT #	63815	57 (8	8)			
	BERT D. SNYD	ER, M.D., P.A.	•	•			
					1 186 018 61686 1490 1846 1400	Birii 1891 Bibil Bibil	.
Principal Pla	ce of Business		Mailing Address				
1511 Surgeons Drive, Ste. B Tallahassee FL 32308		. В	1511 SURGEONS DRIVE. STE. B TALLAHASSEE FL 32308				
			IALLAMASSEE	FL 32308			
					3. Date Incorporated or Qualified 10/01/1979		ast Report /16/1995
_2. Principal (21	Place of Business		2a. Mailing Address		4. FEI Number	.1	Applied For
Suite. Apt	t. #, etc.		Suite, Apt. #. etc		59-1937118		Not Applicable
City & Sta	de		27		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
23			City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be
Ζφ 24	<u></u> ⊢	untry	Zip	Country	8. This corporation has liability for		Added to Fees
	9. Name and Ad	dress of Current I	29 Registered Agent	30	Florida Statutes Yes	;	
			<u>9</u>	B1 Name	10. Name and Address of New F	Registered Ager	nt
	EN, CARLA, A S CALHOUN ST			82 Street A	ddress (P.O. Box Number is Not Acceptat	yo)	·
	AHASSEE FL 3230	01		83			·
				84 City		 65	Zip Code
44 5				1 1		⊢ I	1 '
11. Pursuant or registe	to the provisions of S red agent, or both, in	ections 607.0502 ar the State of Florida.	nd 607.1508, Florida Sta Such change was autho	1 1	proration submits this statement for the pur	Pose of changing	its registered office
	to the provisions of S red agent, or both, in ith, and accept the ob	ections 607.0502 ar the State of Florida. digations of, Section	nd 607.1508, Florida Sta Such change was auth 607.0506, Florida Statu	1 1	poration submits this statement for the pur loard of directors. I hereby accept the appo	rpose of changing ointment as regis	its registered office tered agent. I am
SIGNATURE	to the provisions of S red agent, or both, in with, and accept the ob- Segnation, typed to printe an	anic of registered agent and	title Pappillable	atules, the above named corrorated by the corporation's butes. (Mail: Thysies April suration rep		Pose of changing ointment as regis	g its registered office tered agent. I am
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SIGNATURE:

por or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name legal effect as if made under that an address.

When the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name are the same legal effect as if made under the same legal effect as if m