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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

638755

(9)

LAURENCE M. MATTHEWS, M.D., P.A.

Principal Plac	e of Business		Ma	ailing Address					<b>91101 0111 9101</b>	#1#11 #1#11 #	
3100 US	1 S			3100 US 1 S							
SUITE 3	OTUF 51 000	•		SUITE 3	00000			•			
SI AUGU	STINE FL 320	<b>5</b> 70		ST AUGUSTINE FL	32086			3. Date Incorporated or Qualified	3a. Dat	e of Last F	leport
								10/01/1979		05/01/1	1995
2. Principal P	lace of Busine	ess	2a.	Mailing Address				4. FEI Number			Applied For
21			26	<del> </del>				59-1940592			Not Applicable
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional
22			27		<del></del>						Required
City & Stat	te			City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
<b>23</b> Zip	<del></del>	Country	28	Zıp	Cou	nto.	· · · · · · · · · · · · · · · · · · ·				d to Fees
24		25	29	Σφ	30	uny		This corporation has liability for Florida Statutes      Net	intangibie i s □No	ax under s	199.032,
	9. Name	and Address of Currer		tered Agent	_[30]			10. Name and Address of New		Agent	· · · · · · · · · · · · · · · · · · ·
						<b>B1</b>	Name				
MOO	LURE, GEO	DOE M									······································
	NG ST.	NOIC M.				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	UGUSTINE	EL 22004				63					
31. A	IUGUSTINE	FL 32004									
						84	City		FL	85 Z	p Code
11. Pursuant	to the provisi	ons of Sections 607.0502	2 and 60	7.1508. Florida Statut	es, the abo	ve-n	amed corps	oration submits this statement for the pu	roose of ch	anging its	registered offici
or registe	ired agent, or	both, in the State of Flori of the obligations of, Sect	ida. Such	ı change was authoriz	ed by the c	orpo	oration's bo	ard of directors. I hereby accept the app	xintment a	s registe e	agent. I am
	ил, ало ассе	or the obligations or, Sect	100 607.0	obob, Florida Statutes	ö.						
familiar w SIGNATURE	Stonature, typed	or printed name of registered agent	and title if a	anoicable. (NC	OTE: Registered	Agent	signature requi	ired when reinstating)	DATE		
	Signature, typed	or printed name of registered agent OFFICERS AN			OTE: Registered	Agent	signature requi	red when reinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
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SIGNATURE  12. TITLE NAME	PST MATT 3100	OFFICERS AN HEWS, LAURENCE M US 1 SOUTH #3	D DIREC	TORS	1.1 TI 1.2 NA 1.3 ST	TLE ME REET A	ADDRESS				
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PST MATT 3100	OFFICERS AN	D DIREC	TORS	13. 1. 1 TI 1.2 NA	TLE .ME REET /	ADDRESS		FICERS AN		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST MATT 3100	OFFICERS AN HEWS, LAURENCE M US 1 SOUTH #3	D DIREC	OTORS DELETE	13. 1.111 1.2 NA 1.3 ST 1.4 CO	TLE .ME REET / TY-ST TLE	ADDRESS		FICERS AN	□ Chançie	Addition
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SIGNATURE:

GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/V6/56 9047972902

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