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

SIGNATURE:

DOCUMENT # 672224

(3)

JOHN A. DRYFUSS, JR., M.D., P.A.

FILED Mar 03 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address								
7109 N.W. 11T GAINESVILLE		7109 N.W. 11TH PLACE GAINESVILLE FL 32806-3	7109 N.W. 11TH PLACE GAINESVILLE FL 32806-3170							
						3. Date Incorporated or Qualified 06/03/1980	3a. Date	of Last R 7/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u>V6/6</u>		polied For	
21		26				59-1989884		h	t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	}			5. Certificate of Status Desired Security Securi				
City & State	0	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Z(p 24	Country 25	Zip [29]	Count 30	ry			Yes 🔲	No	. 199.032,	
	9. Name and Address of Curren	it Hegistered Agent	8	11.	lame	10. Name and Address of New Re	gistered Ag	ent		
	/FUSS, JOHN A. JR., M.D.		°	' "	varne					
	9 N.W. 11TH PLACE		8	2 8	Street Addre	ss (P.O. Box Number is Not Accepta b	le)			
GAI	NESVILLE FL 32601		8	3						
			_	1 6	÷.			1		
			į -		City		FL		Code	
office or n agent. La S:GNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga-	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Statut	by th es.	e corporation	oration submits this statement for the p on's board of directors. I hereby accep	t the appoir	hanging the	is registered registered	
12.	Signature, type diar printed name of registered age OFFICERS AN	** ** *********************************	TE Registered A	Qent a	ignature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND Γ	IRECTOR	S IN 12	
THEF	PD	DELETE		1.1 THLE				Change	Addition	
NAVE	DRYFUSS, JOHN A.JR.	/FUSS, JOHN A.JR.		1.2 NAME						
STREET ADDRESS			1.3 STRE	ET ADI	DRESS					
CHY SI-ZIP	GAINESVILLE FL		1.4 CITY	• • • • • • •	IP .			.		
TITLE	8	DELETE 211				Change Addition			Addition	
NAME DAMES A MARGANIS I	DRYFUSS, MARGARET F		2.2 NAME		- Drag					
STREET ADDRESS	GAINESVILLE, FL 00000	•••		2 3 STREET ADDRESS 2 4 City-St-Zip						
CHTY-ST-7IP THLE	GANICOVILLE, FL 00000	DELETE	31 1171		<u>rir</u>		Ε	Change	Addition	
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET AO	DRESS					
CHY-ST ZIP			3.4. City	(-ST-2	ŽIP	· · · · · · · · · · · · · · · · · · ·				
THIE		L DELETE	4.1 TITUE				L	_ Change	Addition	
NAM:			4. 2 NAMI							
STREET ADDRESS : City-ST-ZIP			4.3 STRE 4.4 CITY		i					
1171E		☐ DELETE	5.1 TITLE		u l		Г	Change	Addition	
NAME			5.2 NAM				_	••		
STREET ADDRESS			5.3 STRE		DRESS	•				
C-TY+S1+ZiP			5.4 CITY	- 51 - 2	IP					
11516		DELETE	6.1 TITLE	Ē			L	Change	Addition	
NAME			6.2 NAM	€		•				
STREET ADDRESS			6.3 STRE	ET ADI	DRESS					

6.4 CITY - ST - ZIP 14. Let hereby certify that the information supplied with this filling 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes and I that it is a supplemental annual report is true and eccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes and I that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes I further certify that the information is a finite or director or direct