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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680437

(1)

MARC RICHMAN, D.O., P.A.

SIGNATURE: y

| Principal Place | | | | T CHRIST DICH COUNTRAIN DICHE DICHE | BIBLI BHBH BH | JEG BUBUU MUMUU I | | | |
|--|--|---|---------------------|-------------------------------------|------------------------------|--|-----------------------------|-------------------------------|-------------------------|
| 13211 WALSING C/O ROBERT H LARGO FL 3464 | KELLY | 13211 WALSINGHAM RD C/O ROBERT H. KELLY LARGO FL 33774-3518 | C/O ROBERT H. KELLY | | | | | | |
| | | | : • | : | 0 | Date Incorporated or Qualified 17/31/1980 | | te of Last R 1/1996 | ieport |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. | FEI Number | | | oplied For |
| 21 | A .1. | 26 Cuito Ant 4 ata | | <u> </u> | | 59-2034564 | | | ot Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. | Certificate of Status Desired | | Fee Re | Additional equired |
| City & State | 9 | City & State | | | | Election Campaign Financing | | | May Be |
| 23] Zip | Country | 28 | Cour | ntrv | | Trust Fund Contribution This paragration has liability for | | | to Fees |
| 24 | | | 30 | - 7 ′ | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| <u>1</u> | 9. Name and Address of Currer | | | | 10. | Name and Address of New R | egistered A | gent | |
| RICH | MAN, MARC | | | 81 Name | | | | | |
| | 1 WALSINGHAM | | | 82 Street | Address (P. | O. Box Number is Not Accepta | ble) | | |
| LARG | GO FL 34644 | | | | | | | | |
| | | | | 63 | | | • | | |
| | | | ļ | B4 City | | | F1 | 85 Zip | Code |
| | to the provisions of Sections 607.050 | 007 4500 Florido Cha | | | d assassina | a sharita this statement for the | FL. | abanaina i | to rapidtared |
| office or re | egistered agent, or both, in the State | of Florida. Such change was | authorized | i by the corp | rporation's b | n submits this statement for the pard of directors. I hereby acce | purpose or opt the appo | changing i pintment as | registered |
| agent. La | m familiar with, and accept the oblig | ations of, Section 607,0505, F | Jorida Stati | utes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable (NC | TE Registered | Agent signature | e required when i | reinslating) | DATE | | |
| 12. | | D DIRECTORS | 13. | | | DDITIONS/CHANGES TO OFFI | | DIRECTOR | 3S IN 12 |
| THLE | DP | X DELETE | 1,1 T(T | LE | | | | Change | Addition |
| NAME | Kelly, robert H | | 1.2 NA | ME | | | | | |
| STREET AODRESS | 13211 WALSINGHAM | | 1.3 ST | reet adoress | | | | | |
| CITY - \$1 - ZIP | LARGO, FL 00000 | | 1.4 CIT | Y - ST - ZIP | | | | | |
| TITLE | V | ☐ DELETE | 2111 | | P,S,T | | | K Change | Addition |
| NAME | RICHMAN, MARC | | 2.2 NA | | | Richman | | | |
| STREET ADDRESS | 13211 WALSINGHAM | | | reet address | 13211 | Walsingham Rd. | | | i |
| CITY - ST - ZIP | LARGO FL | ☐ DELETE | | TY-ST-ZIP | Largo | , FL 34774 | | ☐ Change | Addition |
| TITLE | | | 3 1 TiT | | | | | C Cuantie | L.J Abdition |
| NAME Order Lobosco | | | 3 2 NA | | | | | | i |
| STREET ADDRESS | | | | reet address Ty-St-Zip | | | | | |
| CITY-ST-7IP TITLE | | DELETE | 4.1 TIT | | | | · | Change | Addition |
| NAME | | | 4.2 N | | | | | | |
| STREET ADDRESS | | | 4.3 \$1 | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 16 | LE | | | | Change | Addition |
| NAME | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | REET ADDRESS | | | | | |
| CITY-S1-ZIP | | | 5.4 CI | TY-ST-Z#P | ļ | | | | |
| TITLE | | L DELETE | 6.1 1(1 | ILE | | | | ☐ Change | Addition |
| NAME | | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | | |
| CITY-S1-ZIP | by certify that the information supplie | ad with this filing does not aus | | TY-\$T-ZIP | stated in So | ction 119 07/3)(i) Florida Statut | es I further | certify the | t the |
| informatio | by certify that the information supplie on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed, o | supplemental annual report is ir the receiver or trustee emor | true and a | accurate and execute this | id that my sign report as re | gnature shall have the same leg quired by Chapter 607, Florida | al effect as Statutes; a | if made ur nd that my | nder oath; that name |