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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 31 1997 8:00am

Secretary of State

(409)849-0330

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 685268

appears in Block 12 or Block 13 if changed, or on an attach

SIGNATURE:

(5)

JAN A. BECKER, M.D., P.A. Principal Place of Business Mailing Address 727 VASSAR AVENUE 727 VASSAR AVENUE ORLANDO FL 32804-4920 ORLANDO FL 32804 3a. Date of Last Report 3. Date Incorporated or Qualified 08/25/1980 02/06/1996 2. Principal Prace of Business 28. Mailing Address FEI Number Applied For 59-2215887 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & Stale City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country $Z_{\rm IP}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BECKER, JAN A., M.D. 4101 N. ORANGE BLOSSOM TR., #131 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City Zip Code 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTs: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 THLE TITLE BECKER, JAN A., M.D. 1.2 NAME NAME 4101 N ORANGE BL.TR#131 STREET ADDRESS 1.3 STREET ADDRESS C-TY-ST-7/P ORLANDO FL 1.4 CITY - ST - ZIP DELETE Change Addition THLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 31 TITLE THE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ACCRESS 34. CITY-ST-ZIP CITY-ST-7# DELETE Change Addition THLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - \$1 - 20 4.4 CITY - \$1 - ZIP DELETE Change ___ Addition 5.1 THUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7P Change DELETE Addition THILE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7/P 64 CITY-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 corporation 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, or on an attachment with an addices.