SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714853

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Principal Place of Business C/O SUE BROOY ST PETRASURG R, 33701 ST	BAYFRO	ONT MEDICAL CENTER, IN). O.									
SPECIAL PROPERTY OF THE SERVING FL. 33701 US TO STREET SOUTH ST. PETERSBURG FL. 33701 US TO STREET SOUTH ST. PETERSBURG FL. 33701 ST. PETERSBURG	Principal Place	e of Business	Mailing Address									
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BRODY, SUE G 701 6TH STREET SOUTH ST. PETERSBURG FL 33701 11. Pursuant to the provisions of Sections 617 6002 and 617 1508. Periods Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. 11. Pursuant to the provisions of Sections 617 6002 and 617 1508. Periods Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar vitin, and accept the obligations of Section 617 6003, Florids Statules, the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar vitin, and accept the obligations of Section 617 6003, Florids Statules, the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar vitin, and accept the obligations of Section 617 6003, Florids Statules, the corporation's board of directors. I hereby accept the appointment as registered agent. 12. OFFICERS AND DIRECTORS 13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 12. I and the minimal property in the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment as registered agent. I am femiliar vitin, and accept the appointment agent agent. I am femiliar vitin appointment as registered agent. I am femiliar vitin agent agent	Zio	Country										
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BRODY, SUE G 701 6114 STREET SOUTH ST. PETERSBURG FL 33701 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statules, 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 in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the International Composition of Section 617 050, Florida Statutes SIGNATURE SIGNATURE ST. POTE/ERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME HEINZ, DONALD J. 12. NAME HEINZ, DONALD J. 13. STEET ADDRESS 1014 STEET SOUTH 15. STEET ADDRESS 1016 STEET SOUTH 15. STEET ADDRESS 1017-ST-2P 1016 TH STREET SOUTH 15. STEET SOUTH 15. STEET ADDRESS 1017-ST-2P 1016 TH STREET SOUTH 15. STEET ADDRE				-								1
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11. Pursuant to the provisions of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socion 617.0503, Florida Statutes agent. I am familiar with, and accept the obligations of, Socion 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE TITLE ST. PETERSBURG FL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. TITLE NAME SIREET ADDRESS TOP-6TH STREET SOUTH ST. PETERSBURG FL 16. TITLE D	ST. PETE	RSBURG FL 33701			83							
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14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICALATUDE, S

SIGNATURE REQUI

HETMP

08/20/07

(813)893-6015