you!	SECOND NO NT DUE ON OF	TICE: CORPORATION WILL BE D R BEFORE 8/7/96: \$61.25 (IF DISSOL)	ISSOLVED ON OR AFTER A VED, MINIMUM AMOUNT DUE	UGUST TO REIN	7, 19 STATE	996. : \$236.25	<u>.)</u> _					
	NONE	PROFIT DRATION	FLORIDA DEPARTI Sandra B.	MENT C	F STA			<b>-</b> 11 <b>-</b> 1	-n			
		L REPORT	Secretary	Secretary of State				FILED				
	19	996	DIVISION OF CO	DIVISION OF CORPORATIONS				Jun 25 1996 8:00 am				
DOCUMENT # 756648 (2)							1	Secretary of State				
1. (	Corporation N	orida keys medical co	MAIDI EV CONDOMINIII	M AS	224							
		ON, INC.	WILEY COMPONIUM	iii no	•			I ALBAH IBBAL BAID BAIR DAN GUR		 	Billy HUI	
Principal Place of Business Mailing Address								i statiti indite della avvez avvez.		••••		
	51 OVERSEAS ARATHON FL (		8151 OVERSEAS HWY MARATHON FL 33050					<u> </u>				
								3. Date Incorporated or Qualified 03/06/1981	3a. Da	te of Last Repo 05/01/199	5	ı
2.	Principal Plac	ce of Business	2a. Mailing Address					4. FEI Number 59-2033607		<u> </u>	ed For pplicable	ł
21	Suite, Apt. #,	atc	Suite, Apt #, etc.					5 Certificate of Status Desired	$\Box$	\$8.75 Ack		
22			27				-	Election Campaign Financing		\$5.00 M		ĺ
	City & State		28 City & State	City & State				Trust Fund Contribution	<u></u>	Added to I	Fees	
	Zip	Country Zip						This corporation has liability for Florida Statutes	intangible Yes	tax under s. 15	9.032,	
24	<del> </del>	25 29 9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered	Agent		
-				81	Name			1-5			┨	
	MANKOWITZ, BARRY J. M.D.					Street A	ddre	ss (P.O. Box Number is Not Acceptate	He)			
SUITE 500, 8151 OVERSEAS HIGHWAY MARATHON FL 33050				83				<u> </u>				
	••• • • • • • • • • • • • • • • • • •				84	City			FL	85 Zip Co		
<u> </u>	Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						orpo	ration submits this statement for the p	urpose of	changing its re intment as reg	egistered istered	
'	office or reg	gistered agent, or both, in the State familiar with, and accept the obliga-	of Florida. Such change was a ations of, Section 617.0503, Flo	authorizi orida St	ed by atutes	ine corpo	ratio	it's board of diffactors. This cay dever				
s	N D							d when re-netation)	DATE			ر ا
1		OFFICERS AN	D DIRECTORS	1				ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition	300
TITLE NAME STREET ADDRESS		PD MANKOWITZ, BARRY J	DELETE		1 TITLE 2 NAME							
		8151 OVERSEAS HWY			1.3 STREET ADDRESS							į
1 -	ITY-ST-ZIP	MARATHON, FL 00000	Fill postar		4 CITY-ST-ZIP			<u> </u>		Change	XX Addition	- {
1	ITLE	VD X DELETE EISENBARTH, JACK			2.1 TITLE  2.2 NAME							İ
1	IAME STREET ADDRESS	8151 OVERSEAS HWY						ohn P. O'Connor, M.D 151 Overseas Highway				
- 1 -	CITY-SI-ZIP MARATHON FL		DELETE		2. 4 CITY - ST-			Marathon, Fl. 33050		Change Addition		
- 1	TITLE SO FORSTER JAMES W		[_] OFLETE			3 1 TITLE 3.2 NAME						
- 1	STREET ADDRESS CITY-ST-ZIP  8151 OVERSEAS HWY MARATHON FL				3.3 STREET ADDRESS							
- 1			DELETE		.4. CITY		-		<del>.</del>	Change	Addition	╣
	TITLE	TD Wolszczak, andrew	☐ nere ie	1	1.1 HILE 1.2 NAM							
- 1	STREET ADDRESS 8151 OVERSEAS HWY				4.3 STREET ADDRESS							
- 1	CITY-ST-ZIP	MARATHON FL	DELETE	_	4.4 CITY-ST-ZIP 5.1 TITLE		-			Change	Addition	7
	TITLE				5.1 HILE 5.2 NAME							
	NAME STREET ADDRESS	ET ADDRESS		5.3 STREET ADDRESS								
- 1	CITY - ST - ZIP	7 7/D		5.4 CITY - ST - ZIP 6.1 TITLE		+			Change	Additio	М	
- 1	TITLE		Otter			62 NAME						
- 1	NAME STREET ADDRESS	ADDRESS		6 3 STREET ADDRESS								
					6.4 CHY-ST-ZIP hished and does not qu			alify for the exemption stated in Section	n 119.07(	3)(k), Florida S	tatutes. I	=
	further co	oby certify that the information suppliertify that the information indicated in inder oath, that I am an officer or dire name appears in Block 12 of Block 1	-t of the corporation of the f	eceiver	or trus	stee empo	true	alify for the exemption stated in Section and accurate and that my signature to ad to execute this report as required by	sriaii nave by Chapte	r 617, Florida S	tatutes; and	t
	that my r	name appears in Block 12 of Block	1 1:1 TEANNERS	(MIII)	Fel	1)		6/20/96		5-74 <u>3-55</u>		
	SIGNA	TURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFI	CER OR D	RECTO	R .		Date		Daytime Phone #	05973	