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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 04 1997 8:00am Secretary of State

DOCUMENT # F-21689 1. Corporation Name JACK A. BELL, M.D., P.A. Principal Place of Business 9980 CENTRAL PARK BLVD. N. BOCA RATON FL 33428 Mailing Address 9980 CENTRAL PARK BLV BOCA RATON FL 33428-1										
							 Date Incorporated or Qualifie 03/02/1981 		of Last R 6/1996	leport
	Principal Place of Business			2a, Mailing Address			4. FEI Number		Applied For	
Suite Ant	Suite, Apl. #, etc.		26 Suite Ar	Suite, Apt. #, etc.			59-2085169		Not Applicable \$8.75 Additional	
22	-a -			27			5. Certificate of Status Desired Fee Req			
City & Sta	de		City & S	ate			6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution			to Fees
Zip 24	ļ	Country 25	Z(p 29		Country 30	У	This corporation has liability Florida Statutes	for intangible to		199.032,
:-1			urrent Registered Ag	ent	130		10. Name and Address of New			
BE	LL, JACK A				81	Name				
9980 CENTRAL PARK BLVD. N.						Street Add	ess (P.O. Box Number is Not Acceptable)			
SU		ļ				<u> </u>				
ВО	CA RATON	FL 33428			83	'				
					84	City			85 Zip	Code
11. Pursuant office or	to the provisi registered ag	ions of Sections 607 ent, or both, in the S	7.0502 and 607.1508, I State of Florida, Such	Florida Statu change was			rporation submits this statement for thation's board of directors, I hereby ac	FL ne purpose of o ccept the appoi	changing in intment as	ts registered registered
11. Pursuant office or agent 1 a	Signature typed	or printed name of registen	7.0502 and 607.1508, State of Florida. Such obligations of, Section ed agent and title if applicable. S AND DIRECTORS		utes, the above authorized b Florida Statute	ve-named corpora	poretion submits this statement for the statement for the station's board of directors. I hereby accured when reinstating) ADDITIONS/CHANGES TO OF	ne purpose of occept the appoi		
SIGNATURE	Signature typical	or printed name of register OFFICERS	ed agent and title if applicable. S AND DIRECTORS		utes, the above authorized by Florida Statute DTE: Registered Ag	ye-named cor yy the corpora ss	ired when reinstating)	DATE		1S IN 12
SIGNATURE 12. TITLE	Signature byted DP BELL, JA	or printed name of registers OFFICERS	ed agent and title if applicable. S AND DIRECTORS	(NC	utes, the aboves authorized beforida Statute DTE Registered Ag	/e-named cor by the corpora sent signature requ	ired when reinstating)	DATE	DIRECTOR	1S IN 12
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I have the same legal effect as if made under oath; that I am an officer or director of the corporation or the 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 address.