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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SERVER OR DIRECTOR

F36815

(1)

SANDY MARTIN, M.D., P.A.					
Principal Place	of Business	Mailing Address			IB! ONN OLD!! OLD!! BUON BUB!! BUB!! BUD!! ICA
5258 LINTON BLVD. #306 DELRAY BCH FL 33484		5258 LINTON BLVD. #306 DELRAY BCH FL 33484			
				<ol> <li>Date Incorporated or Qualified 06/01/1981</li> </ol>	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	01/24/1995 Applied For
<u>n</u>		26		59-2095008	Not Applicable
Suite, Apt. i	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Contineate of States Desired	Fee Required
City & State	?	City & State		6. Election Campaign Financing	\$5.00 May Be
2 <b>3</b> ] Ζφ	Gountry	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
[4]	25	29	30 Country	8. This corporation has liability for Florida Statutes	r intangible tax under si 199,032, esi 🔲 No
	9. Name and Address of Curr			10. Name and Address of New	
			81 Name		
MARTIN,	, SANDY		82 Street Add	fress (P.O. Box Number is Not Accepta	able)
5258 LINTON BLVD, #306					
DELRAY	FL 33484		83		
	Λ		84 City		FL 85 Zip Code
				oration submits this statement for the pi	urpose of changing its registered office
11. Pursuant to or registere familiar with	o the provisions of Sections 607.05 ed agreet /ar/both, in the State of Fic h, agreem agreem the obligations of Se	02 and 607.1508, Florida Statu orida. Such change was author octom 607.0506, Florida Statum	ites, the above-named corporated by the corporation's boates	ard of directors. Thereby accept the app	pointment as registered agent. I am
11. Pursuant to or registere familiar wit. SIGNATURE.	MINION STATE	Status	120 196		
SIGNATURE.	Styrature Sylvest or be interfered or registered age	entand their applicative	S LO 196 THE Progress of Agent signature require	ed wher relestating	DATE
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