FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

ì	UAL REP 1997	ORT			Secreta DIVISION OF	ary of Stat CORPOR		ons		S	ecre	tar	У С	ot S	tate	e
DOCU 1, Corporatio	MENT in Name	# F4	1808		(9)	<u></u>										
RALPH	E. BOYD,	M.D., P.	A.													
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Principal Plac	ne of Busines			Mailing /	Address											
Principal Place of Business 5539 MARINE PARKWAY				5539 MARINE PARKWAY					Ì		0					
PO BOX 1175	9346561175)			PO BOX	1175 9346561175											
NEW PORT RI	CHET PL 346	3 €		NEW POR	RT RICHEY FL 3	4005-4059			<u></u>	3. Date Incorpo	rated or Qua	lified	3a. Dat	e of Last	Report	
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2. Principal F	Place of Busin	ness		-	ng Address				4	4. FEI Number					pplied F	
Suite, Ant.	#, etc.			[26] Suite	, Apt. #, etc.	·				59-21282					lot Applic Addition	
22				27						5. Certificate of	Status Desire	ed			Required	
City & Stat	te			City 8	& State					6. Election Cam Trust Fund C	, -	ing			May Bo	
Zŧp		Country	······································	Zip		Cou	untry			B, This corporal						
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			ss of Current	Registered	Agent		81	Name	10	o. Name and A	ddress of N	ew Reg	latered A	gent		
	yd, ralph 9 Marine 1												···			
333	N PORT RK		1852				62	Street A	\ddress	(P.O. Box Numb	per is Not Ac	ceptable	9)			1
NEV																
NEV							83									
NEV							83	City				······································		85 Zip	Code	
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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 address.

SIGNATURE:

FILED

Apr 21 1997 8:00am