AMOUNT DUE	TICE: CORPORATION WILL BE E ON OR BEFORE 09/30/98: \$550 (IF DI	DISSOLVED ON OR AFT SSOLVED, MINIMUM AMOUNT D	ER SEPTEMBER 30, 199 DUE TO REINSTATE: \$750).	8. ]	FILED
			PARTMENT OF STATE	Inf 23.1	998 8:00am
CORPORATION ANNUAL REPORT		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
1998				Secretary of State	
. Corporation		· · ·			
Merle I Cal Ass	P. STRINGER, M.D., PANA Sociates, P.A.	MA CITY NEUROSUR	GI		
Principal Place of Business Mailing Address (011 N. HARRISON AVE. 2011 N. HARRISON AVE.					110 4411 91911 97912 91911 97911 97911 97912 91912 7994
PANAMA CITY FL 32405		PANAMA CITY FL 32405		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/11/1982	
Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulto Apt	ti ota	26 Suite, Apt. #, etc.		59-2173702	Not Applicable
Suite, Apt.	π, υ.ψ,	27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has p Personal Property Tax due Jur	ne 30 Yes No
<u></u>	9. Name and Address of Curre INGER, MERLE P.	nt Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
	I N. HARRISON AVE.			Iress (P.O. Box Number is Not Accepte	ble)
	AMA CITY FL 32405				
FAIL	AMA VITT FL 32403				
FAIL	AMA 0111 FC 32403		83		
FAIL	AMA 0111 FC 32403		83 84 City		FL B5 Zip Code
I. Pursuant	to the provisions of sections 607.050	e of Florida. Such change wa	84 City utes, the above-named corp is authorized by the corporation	oration submits this statement for the pu ion's board of directors. I hereby accep	FL Incose of changing its registered
Pursuent     office or     agent.   a	t to th <b>e</b> provisions of sections 607.050 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change wa gations of, section 607.0505,	84 City utes, the above-named corp is authorized by the corporation	lion's board of directors. I hereby accep	FL
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