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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

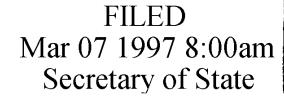
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F82024

(3)

.D., P.A.	MICHAEL J. MURRAY, M.D., F		
 	Principal Place of Business		
	1553 MATTHEW DR FT MYERS FL 33907		
	1553 MATTHEW DR		





2. Principal Place of Business		2a. Mailing Addr	ess		4. FEI Number Applied For
21		26			<b>59-2187615</b> Not Applicable
Suite Apt # etc		Suite, Apt. #,	etc.		5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Z(p) 24	Country 25	Zip 29	Соип <b>30</b>	try	9 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
MURRAY, MICHAEL J			8	31	1 Name
1553 MATTHEW DRIVE FORT MYERS FL 33907		1	12	Street Address (P.O. Box Number is Not Acceptable)	
, , , , ,			Ē	3	3
			Ē	34	4 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agoni	Transfer that take assess the disageners	0., 0.001.01, 00. 10000, 110	mac blandidg.			
SIGNATURE	Signer we type of or printed name of registered agent and fit	le it analyzabla (NOT)	· Registered Apent consture requir	red when reinstaling) DATE	······	
12.		OFFICERS AND DIRECTORS 13. ADDITIONS/CHANG				S IN 12
717(1	PD	DELETE	1.1 TITLE		Change	Addition
NAME:	MURRAY, MICHAEL J		1.2 NAME			
STREET ADDRESS	1553 MATTHEW DRIVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS, FL 00000		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		Change	Addition
NAME			22 NAME			
STREET ADDRESS			23 STREET ADDRESS			
DITY -ST-ZIP			2 4 CHTY-ST-ZIP			
HILE		DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
Dily-SI-ZP			3.4. CITY - ST - ZIP			
TITLE	7.7.	DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIF			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
SIEEFT ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City+St-ZiP	1		6 4 CITY-ST-7/P			

14. Los 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 indicates 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 path; 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: