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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F84610 ROBERT C. BROWN, JR., M.D. P.A.

(7)

FILED Apr 10 1997 8:00am Secretary of State

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4540 DECAMA	ce of Business	Mailing Address						
4519 BRENTWOOD AVENUE JACKSONVILLE FL 32206			4519 BRENTWOOD AVENUE JACKSONVILLE FL 32208-8117					
					3. Date Incorporated or Qualifie 07/01/1982		te of Last R 6/1996	leport
2. Principal Place of Business 2a, Mai		2a. Mailing Address	lailing Address		4, FEI Number		Applied For	
21		26			59-2200650		No	ot Applicable
Strite: Apit	東, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	:16:	City & State			6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability f	or intangible t	tax under s	199.032.
4	25	29	30		Florida Statutes	☐ Yes ☐		
	Name and Address of Cu	rrent Registered Agent			10. Name and Address of New	Registered A	gent	
WOI	LF, WAYNE A.		8	Name				
373	3 University BLVD. West, \$	SUITE 106		2 Street Add	dress (P.O. Box Number is Not Accep	tahle)		
JAC	KSONVILLE FL 32217		`	oliool Add	diess (i .e. box Number la Not Accep	(abie)		
			8	13				
			ļ.,	4 0.			1	A
			*	14 City		FL	85 Zip	Code
11. Parsunnt	t to the provisions of Sections 607	.0502 and 607 1508. Florida Stat	utes, the abo	ove-named co	rporation submits this statement for th	A 5000	channing i	ts registered
OLONIA DI LICA								
	Sognificantly to or protect name of registers			Agent signature req	ulred when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		rulred when reinslating) ADDITIONS/CHANGES TO OF			
12.	OFFICERS DPT		13. 1.1 TITL	E			DIRECTOR Change	
12. TIGHE NAME	DPT BROWN, ROBERT C MD	AND DIRECTORS DELETE	13. 1.1 TITLI 1.2 NAM	E IE				
12. TELE NAME SIREEL ADDRESS	DPT BROWN, ROBERT C MD 4519 BRENTWOOD AVENU	AND DIRECTORS DELETE	13. 1.1 TITLI 1.2 NAM	E				
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The exemption stated in the minimum supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that Larn 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 15 oct 13 if changed or arrain attachment with an address.

SIGNATUR

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