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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F90116

(7)

LUTZ FL 33549-6767

RICHARD B. MAYER, II, D.O., P.A.

Principal Place of Business Mailing Address 24014 STATE RD 54 LUTZ FL 33549 24014 STATE RD 54

**FILED** May 13 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 07/09/1982	alified <b>3a.</b> Date of Last Report <b>06/19/1996</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied	
21		26		59-2342954	Not Apr	plicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ө	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Added to Fee	
Zip 24	Country	Zip	Country	8. This corporation has liability for Fiorida Statutes		
24]	25 9. Name and Address of Curre	29 Anni Registered Agent	[30]	10. Name and Address of New Re		
863	YER, RICHARD B, II 5 LEIGHTON DR. IPA FL 33614		83	MAYER, RICHARD  Storess (P.O. Box Number is Not Acceptal 19729 DEEL LA  LUTZ, FL.	ble) KE RD.	
agent. I a	to the provisions of Sections 607.00 egistered agent, or both, in the Sta im familiar with, and accept the obli	02 and 607.1508, Florida Statute te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named countries by the corpo	LUTZ, FL. orporation submits this statement for the pration's board of directors. I hereby acce		
SIGNATURE	Signature typed or printed name of registered a	gent and title it applicable (NC1)	E: Registered Agent signature re	equired when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN	12
TITLE	PD	DELETE	1 1 TITLE		Change	Addition
NAME	MAYER, RICHARD B, II		1.2 NAME			
STREET ADDRESS	19729 DEER LAKE RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL		1.4 CITY - S1 - 7IP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 1/TLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS	•		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY- \$1 - ZIP			
TITLE		☐ DFLETE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			\$ 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addilio
NAME	İ		6.2 NAME		. –	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CHY-ST-ZIP			
	by portify that the information suppl	and with this filing does not gualit		ited in Section 119.07(3)(i), Florida Statute	as 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 eath; 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 changes, by on an attachment with an address.