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 # G02697

(2)

PRACTICE MANAGEMENT ASSOCIATES, INC.

Principal Place of Business Mailing Address						I JABARY BAN BANA INDIA AND BANA AND INDIA IBAN A	HALL BIRTH ALTER BEALE	i Bjøff Bli	NIT SOUT	
7777-131 ST N SUITE 12 SEMINOLE FL 3	M4646	7777-131 ST N SUITE 12 SEMINOLE FL 33776-4015	SUITE 12							
US		US				 Date Incorporated or Qualified 10/01/1982 	3a. Date of Last Report 05/21/1996			
Principal Place of Business 2a. Mailing A			Address			4. FEI Number	Applied For			
21		26				59-2230716			Applicable	
Suite, Apt.		Suite, Apt. #, etc.	_			5. Certificate of Status Desired		.75 Ad ee Red	dditional	
City & State		27 SUITE 15 City & State	<u> </u>			6. Election Campaign Financing		5.00 A		
23	·	28				Trust Fund Contribution		dded to		
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i				
24	25	29	30			Florida Statutes				
	9. Name and Address of Curre	ent Registered Agent				0. Name and Address of New Re	pistered Agent			
	vandez, peter G.			81 Name	9					
10812 GANDY BLVD. N.				82 Street	t Address	iss (P.O. Box Number is Not Acceptable)				
ST. f	PETERSBURG FL 33702			83						
				84 City			85	Zip C	ode	
				Oity			FL °°	zip O	000	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obli	te of Florida. Such change was	authorize	d by the cor	d corpora orporation	tion submits this statement for the p s board of directors. I hereby accep	urpose of chang at the appointment	ging its ant as r	registered egistered	
SIGNATURE.		3 ,,,,,,,								
	Signature, typied or printed name of registered a			d Agent signature	re required w	hen reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PDT Fernandez, Peter G.	☐ DELETE	1.1 TI				∐ Cr	lange	☐ Addition	
NAME	7777-131 ST N SUITE 12		1.2 N							
STREET ADDRESS	SEMINOLE FL			REET ADDRESS	·					
CITY-ST-ZIP TITLE	AS	DELETE	2.1 TI	TY-ST-ZIP	+		□ CI	hanne	Addition	
NAME	CARBONNEAU, VALERIE	_ preen	2.2 N					an ago	tall / Marie	
STREET ADDRESS	7777-131 ST N SUITE 12			REET ADDRESS	,]					
CITY- ST ZIP	SEMINOLE FL			ITY-ST-ZIP	´]					
TITLE		☐ DELETE	3.1 1		· · · · · · · · · · · · · · · · · · ·		□ CI	nange	Addition	
NAME			3.2 N	LME						
STREET ADDRESS			3.3 \$	REET ADDRESS	s					
CITY-ST-7iP			3.4. 0	ITY-ST-ZIP						
TITLE		DELETE	4.1 Ti	TLE			CI	hange	Addition	
NAME			4 2 N	AME						
STREET ADDRESS			1	REET ADDRESS	3					
CITY - ST - ZIP				TY-ST-ZIP	_					
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NAME			52 N							
STREET ADDRESS				REET ADDRESS	3					
CITY - ST - ZIP		☐ DELETE		TY-ST-ZIP	1		CI	hanne	Addition	
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NAME Proces appeared			6.2 N						į	
STREET ADDRESS				REET ADDRESS TY-ST-ZIP	9					
CITY-ST-7IP	1		■ 0.4 C	11-51-21	1				,	

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 pranged, or on an attachment with an address.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

392-0823

FILED

Jan 29 1997 8:00am

Secretary of State