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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

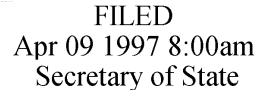
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G09150

(5)

E. JOAN BARICE, M.D., P.A.





						{				
Principal Place		Mailing Address			*					
5420 N OCEAN DR S2401		5420 N OCEAN DR \$2401								
RIVIERA BOH F	FL 33404	RIVERA BCH FL 334	104-2543			1				
US		US				3. Date incorporated or Qualified 11/22/1982 3a. Date of 04/18/			of Last Report /1996	
2. Principal Pl	ace of Business	2a. Mailing Address	s	*,	······································	4. FEI Number	-C	A	pplied For	
21		26			<u></u>	59-2274858	····		ot Applicable	
Suite, Apt :	#, etc	Suite, Apt. #, et	c.			5. Certificate of Status Desired			Additional equired	
City & State	()	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	\Box	Added	to Fees	
Zip	Country	Zip	L Co	ountry		6. This corporation has liability for i			s, 199.032	
24	25	29	30				Yes L		·	
	9. Name and Address of C	urrent Registered Agent		-		10. Name and Address of New Re-	gistered A	gent		
BAR	ice, e. Joan, M.D.	•		81	Name					
5420 S240	N OCEAN DR				Street Addr	ess (P.O. Box Number is Not Acceptable)				
	ERA BCH FL 33404			83			···			
*****				1-4-	01.			1551 75	0-4-	
				84	City		FL	185 Zip	Code	
				atures.	3					
SIGNATURE .	Signature, typed or printed in the of registor	red agent and tille it applicable.	>-		signature require	ed when reinslating)	DATE			
	OFFICER	S AND DIRECTORS	(NOTE: Registe	reg Ageni	signature requir	ed when reinslating) ADDITIONS/CHANGES TO OFFIC	ERS AND			
	PO		(NOTE: Registe	reg Ageni	signature require		ERS AND	DIRECTO Change		
12.	PD BARICE, JOAN E MD	S AND DIRECTORS	(NOTE: Registe 13 TE 1.1	rea Ageni	signalure requir		ERS AND			
12. TIBLE NAME	PD BARICE, JOAN E MD 3370 BURNS RD., #200	S AND DIRECTORS	(NOTE: Registe 13 1E 1.1 1.2	rea Ageni TITLE			ERS AND			
12. 101.E	PD BARICE, JOAN E MD	S AND DIRECTORS	TNOTE Register 13 TE 1.1 1.2 1.3 1.4	rea Ageni TITLE NAME	DORESS		ERS AND	Change	Addition	
12. THEE NAME SIRELLADORESS	PD BARICE, JOAN E MD 3370 BURNS RD., #200	S AND DIRECTORS	TNOTE Register 13 16 1.1 1.2 1.3 1.4	TITLE NAME STREET AL	DORESS		ERS AND		Addition	
12. THE NAME STREET ADDRESS CHY-SI-7P	PD BARICE, JOAN E MD 3370 BURNS RD., #200	S AND DIRECTORS	(NOTE Register 13 15 11 12 13 14 16 12 14 16 17 18	TITLE NAME STREET AL	DORESS		ERS AND	Change	Addition	
12. THE NAME SHRET ANDRESS CHY-ST-7/P HILE	PD BARICE, JOAN E MD 3370 BURNS RD., #200	S AND DIRECTORS	(NOTE Register 13 13 14 15 15 16 17 17 17 17 17 17 17	TITLE NAME STREET AL CITY-ST-	DODRESS ZIP		ERS AND	Change	Addition	
TILE NAME SHRIT ADDRESS CHY-SI-7P TITLE NAME	PD BARICE, JOAN E MD 3370 BURNS RD., #200	S AND DIRECTORS DELET DELET	(NOTE Register 13 13 14 12 13 14 15 21 22 23 24 4	TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-	DDRESS ZIP		ERS AND	Change	Addition	
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4. To hereby certify that the information supplied with this little goes not quality for the exemption stated in section 1.9.07(3)(i), Fronce statutes. First her before 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 changed, or one are attachment with an address.

SIGNATURE

IGNATURE AND TYPED DIT PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 5618428575

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