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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

G15089

(7)

RIVERVIEW PROFESSIONAL CENTER, INC.

FILED May 01 1998 8:00am Secretary of State



C/O DAVID S. BAND. ESQ. 240 S. PINEAPPLE AVE 10TH FLR SARASOTA FL 34236 C/O DAVID S. BAND. ESQ. 240 S. PINEAPPLE AVE 10TH FLR SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1982 12/23/1982 4. FEI Number Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. Sulte, Apt. #, etc. 50. Certificate of Status Desired \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be	Delevation of Olean	CP	Atolling Address				{		(1 2 101) 8 77	
## AMASOTA FL 1928 ## SARASOTA FL 1928 ## AMASOTA FL 1928 ## SULE, Apr. #. etc. ## SULE, Apr. #. etc. ## Country ## Country ## AMASOTA FL 1928 ## AMASOTA FL 1	Principal Place of Business Mailing Address									
2. Principal Place of Business 2. A Melling Address 2. A Melling Address 3. Sulfe, Apt. 6, etc. 3. Sulfe, Apt. 6,	240 S. PINEAPPLE AVE., 10TH FLR		240 S. PINEAPPLE AVE., 10TH FLR			DO NOT WRITE IN THIS SPACE				
2. Principe Place of Business 2. Maining Address 4. FEI Number Applied for Main Applicable	ONINGUIN F	L ONEGO	SATINGOTA TE 07200			3. Date Incorporated or Qualified				
Sulfie, Apt. 4, etc. Sulfie, Apt. 4, etc.							12/23/1982			
Suite, April #, etc. Suite, April #, etc.	2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
Suite, Api 4, etc. 27 27 City & State City &	21		26				59-2254222		N	lot Applicable
22	Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	п ;		
True Frue Contribution Added to Fees Add	22						or bornisate or otates because			
Zip Country Zip Ball Country Ba		9	 1							
8. Name and Address of Current Registered Agent HANAN, LEWIS 1830 8. TUTTLE AVENUE SARASOTA FL 34239 84 City FL 85 Zip Code 85 Intert Address (P.O. Biox Number is Not Acceptable) 86 Intert Address (P.O. Biox Number is Not Acceptable) 87 Street Address (P.O. Biox Number is Not Acceptable) 88 Zip Code 89 City FL 85 Zip Code 11. Parsuant to the provisions of Sections 607,0502 and 607 1508. Floridal Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. In a familiar with, and accept the appointment as registered agent. In a familiar with, and accept the appointment as registered agent. In a familiar with, and accept the appointment as registered agent. In a familiar with, and accept the appointment as registered agent. In a familiar with, and accept	23									
S. Name and Address of Current Registered Agent					iniry		· · · · · · · · · · · · · · · · · · ·	_		
HANNN, LEWIS 1830 8. TUTTLE AVENUE SARASOTA FL 34239 80 City FL 80	24			30						
HANAN, LEWIS SIRET ADDRESS CITY-ST-ZIP SARASOTA FL SAR			nagistered Agent		81	Name	10. Harris and Addison of from Ito	Aistolog ville	////	
SARASOTA FL 34239 B3 B4 City					٠,	1144/110				
B3				82 Street Ac			ress (P.O. Box Number is Not Acceptab	le)	-	
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Statu of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. SIGNATURE	SA	Kasuta FL 34239			83					
1. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida Statutes, agent, and married married with, and accept the objections of 0. Section 607 0505, Florida Statutes. Signature Signature purpose of private round directors Post of private round directors Pos					0.3					
11. Parturant to The provisions of Sections 607 ASD2 and 607 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered affect or registered agent. am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. Signature					84	City		Ei (35 Zip	Code
SIGNATURE Community Commu	44.5	10	1007.4500 Et :: - 0:		Щ		and the state and for the state and for the state and for the state and for the state and the state		Localos	ito rogistorod
12		egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, Fl	authorize orida Stat	d by utes	the corpora	tion's board of directors. I hereby accep	t the appoin	tment as	s registered
PD	SIGNATURE	Signature, typed or pointed name of registered agen	Land the if applicable (NOT	T£ Registere	d A g er	nt signature requi	<u> </u>			
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indicated on this annual report or supplied with this iming does not quality of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 on an attagriment with an orderes.

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