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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business

SIGNATURE:

% EVERETT HARRY WEIGHTMAN 343 OVERSTREET DRIVE LONGWOOD FL 32750



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28377

(1)

% EVERETT HARRY WEIGHTMAN 343 OVERSTREET DRIVE LONGWOOD FL 32750-5520

Mailing Address

CENTRAL FLORIDA MEDICAL, INC.

FILED Mar 28 1997 8:00am Secretary of State



3a. Date of Last Report

04/12/1996

3. Date Incorporated or Qualified

03/18/1983

Suite, Apt #, etc. Suite, Apt #, etc. City & State State Trust Fund Contribution Added to Fees Added to Fees Country Country State Added to Fees Trust Fund Contribution intangible tax under s. 199.032,		Nace of Business	2a. Mailing	Address			4. FEI Number		Ap	oplied For
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22	City & Stat	te	City & St	ale			6. Election Campaign Financing		\$5.00	May Be
Country Zip Country Zip Country Zip Country State St	23		28				,		•	,
9. Name and Address of Current Registered Agent WERGHTMAN, EVERETT HARRY 343 OVERSTREET DRIVE LONGWOOD FL 32750 11. Pursuant to the provisions of Societies 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or required agent, or both, in the State of Towns, Such change was authorized by the corporation's board of directors. Theirsty accept the appointment as registered office or required agent, or both, in the State of Towns, Such change was authorized by the corporation's board of directors. Theirsty accept the appointment as registered office or required agent, or both, in the State of Towns, Such change was authorized by the corporation's board of directors. Theirsty accept the appointment as registered office or required agent, or both, in the State of Towns, Such change was authorized by the corporation's board of directors. Theirsty accept the appointment as registered office or required agent, or both, in the State of Towns, Such change was authorized by the corporation's board of directors. Theirsty accept the appointment as registered office or required agent, or both, in the State of Towns, Such change was authorized by the corporation's board of directors. Theirsty accept the appointment as registered office or required agent, or both, and except the observations of State and the application of State and the such as a company of the purpose of changing its registered agent. SCRNATH! 12. OF ICERS AND DIRECTORS 13. The DIRECTORS IN 12. DELETE 1.1 THE DELETE 1.1 THE DELETE 1.2 THE DIRECTORS IN 12. DELETE 1.3 THE DIRECTORS IN 12. DELETE 2.1 THE DIRECTORS IN 12. DELETE 2.1 THE DIRECTORS IN 12. DELETE 3.1 THE DIRECTORS IN 12. DELETE 3.1 THE DIRECTORS IN 12. DELETE 3.1 THE DIRECTORS IN 12. DELETE 4.1 THE DIRECTORS IN 12. DELE		Country	Zip		Country		8. This corporation has liability for	r intangible	tax under s.	. 199.032.
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Bas State					00	Or and Addison	(D.O. D., M			
Bas City FL Bas Zip Code					82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its registered office or registered agent, or tablt in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUHE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL INTEL WEIGHTHAIN, EVERETT HARRY 343 OVERSTREET DRIVE LONGWOOD, FL. 00000 14. CITY-51.2P WEIGHTHAIN, CAROL ANN 343 OVERSTREET DRIVE LONGWOOD, FL. 00000 14. CITY-51.2P WEIGHTHAIN, CAROL ANN 343 OVERSTREET DRIVE 22 SIMET ADDRESS CUTY-51.2P INTEL WEIGHTHAIN, CAROL ANN 343 OVERSTREET DRIVE 23 SIMET ADDRESS CUTY-51.2P INTEL ORGINIONS 34 CITY-51.2P INTEL ORGINIONS SIMET ADDRESS CUTY-51.2P INTEL ORGINIONS SIMET ADDRESS S	LOI	TOTOOD I E SELOV			83					
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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 any officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name any officers with an address of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name		by certify that the information supplier	t with this filing d	oes not qualify			in Section 119 07/3/(i) Floride Statu	tes further	certify that	the
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