9-9-97 B-8316 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G36561 (0)

VENICE EMERGENCY CONSULTANTS - WELLINGTON CHEM
M.D., P.A.

FILED
Sep 09 1997 8:00am
Secretary of State

M.D., P.		iis - Wellington Ch	IEN,			
Principal Place	of Business	Mailing Address			il gebel bibil bible bible b	ilati alah tabi
4048 LAS PALA SARASOTA FL US		4048 LAS PALMAS WAY SARASOTA FL 34238 US		DO NOT WRITE	EIN THIS SPACE	
03		00		3. Date Incorporated or Qualified	3a. Date of Last	Report
				05/02/1983	02/20/,199	
<b>—</b> ' .	ace of Business	26. Mailing Address	AMINGO DA	4. FEI Number	<b>├</b> ─┼	Applied For
	60 FLAMINGO De	Suite, Apt. #, etc.	HMINGO 137	59-2287147		Not Applicable
Suite, Apt. 4	ASOTA FL	SAMASUT	n FL	5. Certificate of Status Desired		5 Additional Required
City & State	11-	City & State		6. Election Campaign Financing		May Be
34	142 BLOMBA	28 34242	FLORDA	Trust Fund Contribution		d to Fees
Zip ·	Country	Zip	Country	8. This corporation owes or has pa		
14	125 USA		30 USA.	Personal Property Tax due June	<del></del>	□ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	N, WELLINGTON		Name			
	LAS PALMAS WAY		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
ŞAR	ASOTA FL 34238		83			
			84 City		FL 85 Zi	ip Code
11. Pursuant to	the provisions of Sections 607 0502	2 and 607 1508 Florida Statute	s the above-named cor	poration submits this statement for the r		a its registered
office or re	gistered agent, or both, in the State	of Florida. Such change was at	uthorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointment	as registered
	n familiar with and accept the obliga	nons of, Section 60 A 0303, Flor	ida Statutes	8	13/97	
SIGNATURE :	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	e
NAME	CHEN, WELLINGTON		1.2 NAME			
STREET ADDRESS	4048 LAS PALMAS WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	Develo	1.4 CITY - ST - ZIP		06000	. Taketon
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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; the Lam an officer or director of the corporation or the receiver or trustee empowered be execute this report as required by Chapter 607, Florida Statutes: I further certify that the information indicated in Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(ii), Florida Statutes.

SIGNATURE:

SUN THE PHANTED

8/3/97 941-3490109