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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

ROBERT J. NELMS JR., M.D., P.A.

**FILED** Mar 26 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			EIEIL BIBLI BIBIT EIEIT EIBIT BESTI 1891
3301 OVERSEAS HIGHWAY 3301 OVERSEAS HIGHWAY		AY		
MARATHON FL 33050 MARATHON FL 33050 US			DO NOT WRITE IN	THIS SPACE
03			3. Date Incorporated or Qualified	THIS STACE
			01/17/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2359336	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			. ¢0.75 Additional
22	27		5. Certificate of Status Desired L	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	
Zip Country <b>25</b>	Zip	Country	8. This corporation owes or has paid to	
24 25 9. Name and Address of Current		90	Personal Property Tax due June 30  10. Name and Address of New Regis	
WRIGHT, THOMAS D.				
Wi			<u>Villiam N. DeVane, Jr., F</u>	squire
SUITE 17	82 Street A	odress (P.O. Box Number is Not Acceptable) 701 Overseas Highway, Su	ite 12	
MARATHON FL 33050		83	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		84 City	Marathon	FL 85 Zip Code 33050
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named c	corporation submits this statement for the purp	ose of changing its registered
office or 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. I am familiar with, and accept the objections of Seption 607.0505, Florida Statutes.				
SIGNATURE Velle	\ 1\~/~/ A .	William A	DeVane Je	3-23-98
Signature, typied or printed name of registered agent		Registered Agent signature re	equired when reinstating)	DATE
TITLE PSTD OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
MELLIA ID DODENT I	☐ <b>*</b> DELETE	1.1 TITLE	PSTD	Change Addition
STREET ADDRESS 9 SOMBRERO BLVD APT 201	2	1.2 NAME	Nelms, Jr., Robert J. 7820 Gulfskeam Blvd.	
CITY-ST-ZIP MARATHON FL	•		Marathon, FL 33050-0879	
TITLE	DELETE		Vice-President/Directo	
NAME	L. Vetterit	2.2 NAME	Eva L. Nelms	A. Cloude 52 yangan
STREET ADDRESS		2.3 STREET ADDRESS	7820 Gulfstream Blvd.	
CITY-ST-ZIP			Marathon, FL 33050-087	9
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		j
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-ST-ZIP		4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		j
CITY-ST-ZIP	TATILTE	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	in Section 119.07(3)(i). Florida Statutes, I furt	

indicated on this annual report or supplemental arnual 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 attachment with an address.

R. J. Nelins, Jr., M.D.

305/743-5533