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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H09137

(1)

** THOMAS I. SOOTT, MID. 24 W. STURREYANT ST. ORLAMOO R. 32003-2019 3. Date incorporated or Cumillod 34. Date of Last Repro 07/01/1984 02/21/1998 2. Principal Place of Business 2. A. Multing Aktivess 2. A. Multing Aktivess 2. Business 2. A. Multing Aktivess 2. Suice, Apit #, etc. 2. Principal Place of Business 2. A. TEL Number 3. Date incorporated or Cumillod 3. Date of Last Repro 07/01/1984 02/21/1998 2. A. TEL Number 3. Date incorporated or Cumillod 3. Date of Last Repro 07/01/1984 02/21/1998 3. Date incorporated or Cumillod 3. Date of Last Repro 07/01/1984 02/21/1998 3. Date incorporated or Cumillod 3. Date of Last Repro 07/01/1984 02/21/1998 3. Date incorporated or Cumillod 3. Date of Last Repro 3. Date incorporated or Cumillod 3. Date of Last Repro 07/01/1984 02/21/1998 3. Date incorporated or Cumillod 3. Date of Last Repro 3. Date incorporated or Cumillod 3. Date of Last Repro 3. Date of Status Desired 3. Social Activities 3. Date of Date of Status Desired 3. Social Activities 3. Date of Status Desired 3. Social Activities 3. Date of Date of Status Desired 3. Date of	THOMAS	S I. SCOTT, M.D., P.A.					
24 W. STURTEVANT ST. ORLANDO FL 28096-2019 25 Principal Place of Business 26 Junior 27 Junior 28096-2019 27 Substances 28 Junior 29 Junior 2019 28 Junior 2019 29 Junior 2019 20 Junior 2	Principal Place	e of Business	Mailing Address				0 0 1 1 1 1 1 1 1 1
2. Principal Place of Businoss 2. Melning Address 2. Melning Address 3. Suno, Apt. 4, etc. 2. Suno, Apt. 4, etc. 3. Suno, Apt. 4, et	24 W. STURTEV	/ant st.	24 W. STURTEVANT ST.	24 W. STURTEVANT ST.		2. Data languagestad or Cupilified. 28. Data of Last Penyul.	
2. Principal Prison of Business 2. Maining Artificiss 2. Maining Artificiss 2. Sunda, Apt. #, etc 2. Sunda, Apt. #, etc 2. Sunda, Apt. #, etc 2. Clay & State 2. Country 2. Principal State of Status Desired 3. This congressing has whethy for granging Financing 3. Added to Fe 3. This congressing has whethy for granging financing 3. Added to Fe 3. This congressing has whethy for granging financing 3. Added to Fe 3. This congressing has well and whether the statement has habitaly for granging financing 3. Added to Fe 3. This congressing has well and whether the statement has habitaly for granging financing 3. Added to Fe 3. This congressing has well and whether the purpose of changing its reg 4. This congressing has well and whether the purpose of changing its reg 4. This congression has better the whether the purpose of changing its reg 4. City State 3. Street Address (P.O. Box Number is Not Acceptable) 4. City State 4. DO THOMAS I, M.D. 5. Country State 6. Electon Campaign Financing 5. Address of New Registered Agent 6. Name and Address of New Registered Agent 6. City State 6. City State						j '	,
Succe, Apt. P., etc. 22	2. Principal Pi	lace of Business	2a. Mailing Address		~	4. FEI Number	Applied For
City & State Zep Country Zep Country Zep Country Zep Country Zep Country Zep Country Zep Set State Set State			. h		59-2421336	Not Applicable	
City & State 28 29 29 20 20 20 20 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	—	#, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional	
20 20 20 20 20 20 20 20							
Zop		е		<u></u>			\$5.00 May Be
9. Name and Address of Current Registered Agent SCOTT, THOMAS I, M.D. 24 W. STURTEVANT ST. ORLANDO FL 11. Pursuant to the provisions of Sections 607 0x00 and 607 1,008. Flurids Statutes, in a large number of sections with a section of fice or registered agent, or both, in the State of Fiordia, Section 607 0x00, horder Statutes 12. OF LICE IS AND DEL ORIS 13. ADDITIONS/CHANGES TO OFFICERS AND DELCORS 14. DITIEL 15. OFFICERS AND DELCORS 15. OFFICERS AND DELCORS 16. Signature hand or pursuant and accept the delegations of Section 607 0x00, horder Statutes 15. ADDITIONS/CHANGES TO OFFICERS AND DELCORS 16. Signature hand or pursuant and the provisions of the section o	Zio	Country		T Count			
SCOTT, THOMAS I., M.D. 24 W. STURTEVANT ST. ORLANDO FL 11. Pursuant to the provisions of Sections 607 0502 and 607 1266. Flatido Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Honds, Such change was subhorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Honds, Such change was subhorized by the corporation submits this statement for the purpose of changing its registered agent. The purpose of changing its registered agent, or both, in the State of Honds, Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Honds, Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. SIGNATURE Signature bytes or providence of segment agent		f==1				h-d'	
SCOTT, THOMAS I., M.D. 24 W. STURTEVANT ST. ORLANDO FL 11. Pursuant to the provisions of Sections 607 05:07 and 607; 10:08. Fortical Statutes, the development of the provisions of Sections 607 05:07 and 607; 10:08. Fortical Statutes, the development of corporation submits this statement for the purpose of changing its trig office or registered agent, or both, in the State of florids. Such change was authorized by the corporation's submits this statement for the purpose of changing its trig office or registered agent, or both, in the State of florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 05:05, Florida Statutes. 12. Of Florida Authorized Authoriz				1501			<u> </u>
24 W. STURTEVANT ST. ORLANDO FL 82 Stroot Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 86 City FL 85 87 85 87 85 86 City FL 86 87 87 88 88 88 88 88 88 88	SCO.			81	Name		<u> </u>
ORLANDO FL 88 88 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 06/02 and 607 16/06. Florida Statules, the anexe-named corporation submits this statement for the purpose of changing its reg agent. I am familiar with, and accept the displaces of Sections 607 06/02 and 607 16/06. Florida Statules, the anexe-named corporation submits this statement for the purpose of changing its reg agent. I am familiar with, and accept the displaces of Section 607 06/06. Florida Statules agent. I am familiar with, and accept the displaces of Section 607 06/06. Florida Statules grade in a familiar with, and accept the displaces of Section 607 06/06. Florida Statules grade in a familiar with, and accept the displaces of Section 607 06/06. Florida Statules grade in a familiar with, and accept the displaces of Section 607 06/06. Florida Statules grade in a familiar with, and accept the displaces of Section 607 06/06. Florida Statules grade in a familiar with, and accept the displaces of Section 607 06/07. Florida Statules grade in a familiar with, and accept the displaces of Control of Section 607 06/07. Florida Statules grade in a familiar with, and accept the displaces of Control of Section 607 06/07. Florida Statules grade in a familiar with, and accept the displaces of Control of Section 607 06/07. Florida Statules grade in a familiar with, and accept the displaces of Control of Section 607 06/07. Florida Statules grade in a familiar with, and accept the displaces of Change in a familiar with a fam				82	Street Add	boss (P.O. Boy Number is Not Accentab	foli
11. Pursuant to the provisions of Soctions 607 05002 and 607 1508. Furrido Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of lineda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of lineda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of lineda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent under the families of the appointment as registered agent. I am familiar with, and accept the obligations of Suchian 607 0505, Fiorida Statutes. SIGNATURE SIGNATURE Signature Sprind or providence of registeral agents of registeral agents. PD					all Gui Aug	TESS (F.O. DOX NUMBE) IS NOT NOTE MAD	
THE PD DELETE 11 THE DELETE 11	*	****		83			
THE PD DELETE 11 THE DELETE 11				84	City		les Zin Code
Agent Lem familiar with, and accept the chiligations of. Section 607.0505, Florida Statutes SIGNATURE Signature typed or privat research system of private stages and step day plactable. 12. OF LICT IS AND DIRECTORS TITLE PD SCOTT, THOMAS L, M.D. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN STREET ADDRESS 14. W. STURTEVANT ST. ORLANDO FL 13. SIMEN ADDRESS 14. W. STURTEVANT ST. ORLANDO FL 14. COTY-ST-2P NAME JONES, JAMES R., JR. 22 MAME 103 LUCERNE TERRACE ORLAND FL OFFICER 24 CITY-ST-2P OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS IN 14. COTY-ST-2P OFFICERS AND DIRECTORS IN OFFICER					, ,		FL
Signature Signature (pred or principalise) designature (prediction) 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PD	11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	and 607,1508, Florida Statut of Florida, Such change was tions of, Section 607,0505, Fl	ies, the abov authorized b orida Statute	e-named corp y the corpora s.	poration submits this statement for the pulion's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
12.	SIGNATURE						
TITLE			· ·- ·- ·-		ent signalure requi		
NAME STORT, THOMAS I., M.D. 12 NAME 13 STREET ADDRESS 14 W. STURTEVANT ST. 13 STREET ADDRESS 14 W. STURTEVANT ST. 14 CHY-SI-7P						11001101070131100010 01110	
STREET ADDRESS 14 W. STURTEVANT ST.							
City-St-ZiP	STREET ADDRESS			1.3 STREE	1 ADDRESS		
NAME JONES, JAMES R., JR. 22 NAME 23 STREET ADDRESS CHY-ST-ZIP TITLE DEFETE 31 TITLE DEFETE 33 STREET ADDRESS CHY-ST-ZIP TITLE DEFETE 34 CHY-ST-ZIP Change MAME CHANGES CHY-ST-ZIP CHANGE CH	CITY-ST-ZIP			1.4 CITY - /	S1 - 71P		
1103 LUCERNE TERRACE	TITLE	D	DELFTE	21 TITLE			Change Addition
City-St-ZiP	NAME (2.2 NAME			
TITLE	STREET ADDRESS	1103 LUCERNE TERRACE		2.3 STREE	I ADDRESS		
STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 3.4 CHY-ST-ZIP 3.4 CHY-ST-ZIP 3.4 CHY-ST-ZIP Change C		ORLAND FL			ST-7IP		
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change	·		☐ DETETE				Change Addition
STREET ADDRESS SA CITY-ST-ZIP SA CITY-ST-ZIP Change Chan	,						
TITLE DELETIE 4.1 TITLE Change Change NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP CHANGE							
A 2 NAME			COLCIE		S1 - ZIP		Change Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	i		L.) Dutin.				Change Addition
CITY-ST-ZIP	I				T ADVISOR		
TITLE DELETE 5 1 TITLE Change Change NAME 5.2 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME G.2 NAME STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS	ı				1		
			DUETE		51 - ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 THLE Change STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		_ carrie				C ovarigo C vasilisti
CITY-ST-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 THLE Change NAME 6.2 NAME STREET ADDRESS 6.3 SUREL ADDRESS	1				LADDELSS		
TITLE	ļ						
STREET ADDRESS 6.3 SLIGHEN ADDRESS			DELETE				Change Addition
STREET ADDRESS 6.3 STATES ADDRESS							
	I				ADDRESS		
	i				}		
14. I do to rebuild certify that the information symptom with this filing does not quilify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated on this annual properties and cated on this annual properties true and cated on the same legal effect as if made under o	14. I do trareb	certify that the information symptod	with this filing does not quili	ty for the exc	mption stated	d in Section 119.07(3)(i), Florida Statules	. I further certify that the