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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

H45798

(6)

FLORIDA WEST COAST MEDICAL RESOURCES, INC.

Principal Place of Business 1646 ROBIN HOOD LANE CLEARWATER FL 34624

Mailing Address

1646 ROBIN HOOD LANE CLEARWATER FL 34624

FILED May 01, 1996 08:00 AM **Secretary of State**



							 Date Incorporated or C 03/07/1985 	Jualified		of Last 1 6/13/1		
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Suite, Apt. #	#, etc.		Suite, Apt. #,	etc.	*****	***************************************				607		
City & State			City 9 City 10	City & State			5. Certificate of Status Desired See Required					al
23 NAP		FL	28				6. Election Campaign Fina Trust Fund Contribution	n	\$5.00 May Be Added to Fees			
3399	a	Country 25 COLLIER	Zφ		untry		8. This corporation has lia	ability for in	ntangible ta	x under s	199.032,	
1,0077		and Address of Curre	29				Florida Statutes Yes No					
·	9, 1101110	and Address of Odife	int negistered Agent		- AT	N	10. Name and Address of	of New Re	gistered /	Agent		
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LEACH, WILLIAM C 3505 N RD NAPLES FL 33942					82	Street Addr	ress (P.O. Box Number is Not A	ss (P.O. Box Number is Not Acceptable)				
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NAPLES	FL 33942				83							
					84	City						
						City			EI		p Code	
 Pursuant to or registere 	the provision that the provision of the	ons of Sections 607.050 both, in the State of Flor	2 and 607.1508, Florida ida. Such change was a	Statutes, the about horized by the	ove na	amed corpor	ration submits this statement fo rd of directors. I hereby accept	r the purp	ose of char	nging its	registered c	office
	n, and accer	it the obligations of, Sec	tion 607.0505, Florida Si	latutes.			то от апсосота. Спотосу вссерс	тте аррог	nument as i	registered	i agent. i ar	וו
Signature	Slonat is Noved a	r printed name of registered agor	d and the bar the state of									
12.			ID DIRECTORS		: tnegA L	signature required	d when reinstaling)		DATE			******
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SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address.