F COR ANNU		FLORIDA DEPAF	DLVED ON OR AFTER SEPTEMBER 17; 1997. ED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Aug 05 1997 8:00ar Secretary of State		
DOCUMENT # H69553       (6)         JOHN B. SULLIVAN, M.D., P.A.       (6)         Principal Place of Business       Mailing Address         C/O JOHN B. SULLIVAN       C/O JOHN B. SULLIVAN         2215 NEBRASKA AVE STE 3A       C/O JOHN B. SULLIVAN         2215 NEBRASKA AVE STE 3A       C/O JOHN B. SULLIVAN         2215 NEBRASKA AVE STE 3A       C/O JOHN B. SULLIVAN         235 NEBRASKA AVE STE 3A       SULIVAN         236       US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  34. Date of Last Report		
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r incipar Pl	lace of Business	28. Mailing Address			<b>4.</b> FE Number <b>59-2562857</b>		pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State	e '	City & State	_ <del>_</del>		6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution		to Fees
ч.	25	29	30		<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>	30. 🗌 Yes [	langible
	9. Name and Address of Curr	rent Registered Agent	81 1	Name	10. Name and Address of New Re	gistered Agent	
	livan, john B. Md 5 Nebraska avenue, suite						
SUIT	38	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	T PIERCE FL 34950		83				
			84 (	City		FL 85 Zip	Code
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was a ligations of Section 607.0505. Flo	authorized by th	ne corporati	pration submits this statement for the ports board of directors. I hereby acce	of the appointment as	romistored
INATURE						DATE	
BNATURE	Signature, typed or printed name of registered OFFICERS /	egent and tale / epplicable (NC)	E Registered Agent = 13.			DATE CERS AND DIRECTO	75 IN 12
BNATURE	Signature, typed or prived name of registered OFFICERS A	agent and title 4 applicable (NCI	E: Registered Agent s 13. 1.1 XILE		d when reinstating)	DATE	
	Signature, typed or printed name of registered OFFICERS / PD SULLIVAN, JOHN B. 2215 NEBRASKA AVE., STE	agent and title # applicable (NC1 AND DIRECTORS	E Registered Agent = 13.	signature require	d when reinstating)	DATE CERS AND DIRECTO	RS IN 12
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