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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LEGGT9

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1. Corporatio	K URBACH, M.D., P.A.	b (5)						ilik êrek ekêr	
Principal Plac	e of Business	Mailing Address	·····			- 13001411 4118 41110 10106 1014 18880 1014			
% JAMES P. RYAN, IV 659 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714		% James P. Ryan. IV 659 Douglas ave. Altamonte springs fl 32714 -250 9							
						3. Date Incorporated or Qualified	1 .	e of Last R	eport
2. Principal P	hace of Business	2a. Mailing Address				07/31/1985 4. FEI Number	UZI	19/1996 Ar	plied For
1		26				59-2557327			ot Applicable
Suite, Apt	#, etc	Suile, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
2		27			5. Certificate of Status Desired	<u> </u>	Fee Re	equired	
City & Stat	•	City & State			6. Election Campaign Financing		\$5.00	May Be	
3] Zip	Country	28 Zip		untry	-	Trust Fund Contribution	ليا	Added t	
4	25	29	30	эчигу		8. This corporation has liability for in Florida Statutes	itangible t Yes		. 199.032,
<u></u>	9. Name and Address of Curre		[30]	Τ		10. Name and Address of New Rec			
DV	AN, JAMES P., IV			81	Name				
	DOUGLAS AVE.			100	Cara at A alake	/D O Pay North State Annual Sta			
ALTAMONTE SPRINGS FL 32714				B2	Street Addit	ess (P.O. Box Number is Not Acceptabl	ej		
				83					
				84	City	***	FL	85 Zip (Code
SIGNATURE	Signature, type dier printed name of registered ag	or real tile diappasable (NOTi	É Rogistere			oration submits this statement for the pi ion's board of directors. I hereby accep ed when reinstating)	DATE		
12.		ID DIRECTORS	13.		·····	ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	STD	L DELETE	1.1 []					Change	L Addition
NAME	RYAN, JAMES P., IV		1.2 N						
STREET ADDRESS	659 DOUGLAS AVE. ALTAMONTE SPRGS FL		1		ADDRESS				
CITY-ST ZIP TITLE	PD PD	☐ DELETE	211	HTY-ST	- 211			Change	Addition
NAM {	URBACH, JAMES		22 N					and of the same	
STREET ADDRESS	659 DOUGLAS AVE.				ADDRESS				
CO Y+ST ZIP	ALTAMONTE SPRGS FL		2.40	CITY-ST	r-21P				
TOLE		DELETE	3 1 TI	ITLE	***************************************	***************************************		Change	Addition
NAME			32 N	IAME					
STREET ADORESS			3.3 \$	TREET A	ADDRESS				
CITY - ST - ZIP		D51675		CITY-ST	- ZIP				
TOTLE		DELETE	4.1 Ti				l	Change	Addition
NAME CARGOS AMENDECOS			4.21		, contrac				
STREET ADDRESS					ADDAESS				
CHY-S1-7IP TOLE		DELETE	5 1 Ti	ITY-ST	- LIP			Change	Addition
NAME		Land warm b	5.2 N						tend - Addition
STREET ADORESS					ADDRESS				
CITY-ST-ZIP				ITY-ST					

6.4 CITY - \$1 - ZIP 14. 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; 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.

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Change Addition

FILED

Feb 25 1997 8:00am

Secretary of State