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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J03401

(3)

RONALD M. PORTER, JR., M.D., P.A.

Principal Place of Business Mailing Address						AIDII AIDII BIDII BIDII BIBII	
1210 S. OLD D JUPITER FL 33		1210 S. OLD DIXIE JUPITER FL 33458-7205					
					3. Date Incorporated or Qualified 03/04/1986	3a. Date of Last R 02/05/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2650997	No	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	Additional equired
City & State	e	City & State			C Staation Compaign Singuistics		
23	*	28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i		
24	25	29	30] Yes □ No	
	Name and Address of Current	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	ran, Paul, Jr.			81 Name			
	SUNRISE AVE.			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	. 204						
PAL	M BEACH FL 33480			83			
				84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s, the at	ove-named cor	poration submits this statement for the p		ts registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a	uthorized	i by the corpora	ation's board of directors. I hereby accep	of the appointment as	registered
ŭ	on rannear with, and accept the bong	adons of, Section 607,0005, Flo	nua siai	ules.			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered	Agent signature requ	vired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PD POTTER POWER IN	☐ D£LETE	1.1 TO	LE L		Change	Addition
NAME	PORTER, RONALD M., JR.		1.2 NA	ME			
STREET ACORESS	1210 S. OLD DIXIE HWY.		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	JUPITER FL			IY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·		2.1 TI	ļ		L_ Change	Addition
NAME			2.2 NA				
STREET ACCHESS				REET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 C 3.1 Ti	TY-ST-ZIP		Change	Addition
NAME			3.2 NA			C1 ouguige	☐ Xuoteon
STREET ADORESS				REET ADDRESS			
City-St-Zip				TY-ST-ZIP			
TITLE		DELETE	4.1 11	·····		☐ Change	Addition
NAME			4.2 N	AME		-	
STREET ADDRESS			4.3 ST	REET ADDRESS			
C(TY+ST+ZIP				ry - ST - ZIP			
TITLE		DELETE	5.1 Ti	LE		☐ Change	Addition
NAME			5.2 NA	.ME			
STREET ADORESS			5.3 \$1	reet address			
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
11TLE		☐ DELETE	6.1 11	LE		Change	Addition
NAME			6.2 NA	ME			

6.3 STREET ADDRESS 6.4 City-St-Zip

14. I do hereby certify that the information supplied with this filling 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