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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J21993

(7)

MARATHON H.M.A., INC.

FILED 97 MAY 16 PM 1: 55 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

, West of

Principal Plan				17911148 0140 11001 711414 10410 124149 4114 1	
·	e of Business	Mailing Address		TO THE REAL PROPERTY OF THE PR	
5811 PELICAN BAY BLVD S500		5811 PELICAN BAY BLVD 8500			
naples fl. 39:	963-2736	NAPLES FL 34108-2752	•		
US		U\$		3. Date Incorporated or Qualified 07/01/1986	3a. Date of Last Report 04/24/1996
2. Principal F	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
1		26		59-2691110	Not Applicable
Suite Apt	#, etc.	Suite, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	io	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
1 341	1=-1		30		Yes No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	RLICK, THOMAS B.		b i Name	CT Corporation System	
800	LAUREL OAK DR.		82 Street Ad-	dress (P.O. Box Number is Not Acceptab	le)
SUI	TE 400		83	1200 S. Pine Island Ro	oad
NAP	PLES FL 33963-2738		03		
			84 City	Plantation	FL 85 Zip Code 33324
11 Pursuant	to the provisions of Sections 6 7.0	502 and 607 1508. Florida Statute	es, the above-named co	progration submits this statement for the p	
office or	registered agent, or both, it the Sta	ate of Florida. Such change was a	uthorized by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointment as registered
agent La	am tamiliar with, and accept the ob	ligations of, Section 607,0505, Fig	กบุล อเลเนเยร	4	J13/97
				_ 	Y/3/7/
SIGNATURE	Streature based or prime or residered	accont and title if applica	UZA Redistered Agent signature reg	_ 	DATE
	Signature lipid or point or regulated OFFICERS A	agent and title if applicant Fr. SO	Registered Agent signature req	_ 	DATE
12.	Signal or Intel or point of ing closed OFFICERS A	AND DIRECTORS ASSISTANT SECRET	Registered Agent signature req. 13.	quired when reinstating)	DATE ERS AND DIRECTORS IN 12
12.	OFFICERS A	AND DIRECTORS ASSISTANT SECRE	17 KL 3.	quired when reinstating)	DATE ERS AND DIRECTORS IN 12
12. TILE VANE	OFFICERS A	AND DIRECTORS ASSISTANT SECRE	1,1 TELE	quired when reinstating)	DATE CERS AND DIRECTORS IN 12
12. Dille Vane Syreet address	OFFICERS A CPD SCHOEN, WILLIAM J.	AND DIRECTORS ASSISTANT SECRE	1.1 TITLE 1.2 NAME	quired when reinstating)	DATE CERS AND DIRECTORS IN 12
TILE HAVE STREET ADDRESS SELV - STI-ZIP	CPD SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD	AND DIRECTORS ASSISTANT SECRE	1.1 Title 1.2 NAME 1.9 STREET ADDRESS	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
12. THE NAME STREET ADDRESS CHV-ST-ZIP THE	OFFICERS A SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL	AND DIRECTORS ASSISTANT SECRE	1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	CATE CERS AND DIRECTORS IN 12 Change Addition
12. THE VAME STREET ADDRESS SILVESTE ZIP THEE	CPD SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL DSV	AND DIRECTORS ASSISTANT SECRE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	autred when reinstating) ADDITIONS/CHANGES TO OFFICE SOCIOLS -05/19/	CATE ERS AND DIRECTORS IN 12 Change Addition Change Addition
12. THE VAME STREET ADDRESS SREET ADDRESS VAME SIRSET ADDRESS	OFFICERS A CPD SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL DSV SMITH, ROBB L.	AND DIRECTORS ASSISTANT SECRE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	CATE ERS AND DIRECTORS IN 12 Change Addition Change Addition
12. THE VAME STREET ADDRESS SITY - ST. ZIP THEE VAME SIRSET ADDRESS SITY - ST. ZIP	OFFICERS A CPD SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL DSV SMITH, ROBB L. 5811 PELICAN BAY BLVD NAPLES FL VTD	AND DIRECTORS ASSISTANT SECRE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	autred when reinstating) ADDITIONS/CHANGES TO OFFICE SOCIOLS -05/19/	Change Addition Change Additio
12. JULE NAME STREET ADDRESS SITY - STI- ZIP THE NAME SIRSET ADDRESS DITY - STI- ZIP	CPD SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL DSV SMITH, ROBB L. 5811 PELICAN BAY BLVD NAPLES FL VTD RAY, STEPHEN M	AND DIRECTORS SSISTANT & CAL DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	autred when reinstating) ADDITIONS/CHANGES TO OFFICE SOCIOLS -05/19/	CATE ERS AND DIRECTORS IN 12 Change Addition
12. JULE NAME STREET ADDRESS. CITY - STI- ZIP TULE NAME SURSET ADDRESS. CITY - STI- ZIP TULE NAME	CPD SCHOEN, WILLIAM J. 5811 PELICAN BAY BLVD NAPLES FL DSV SMITH, ROBB L. 5811 PELICAN BAY BLVD NAPLES FL VTD RAY, STEPHEN M 5811 PELICAN BAY BLVD., S	AND DIRECTORS SSISTANT & CAL DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TH'LE	autred when reinstating) ADDITIONS/CHANGES TO OFFICE SOCIOLS -05/19/	CATE ERS AND DIRECTORS IN 12 Change Addition Change Addi
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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 hanged, or on an attachment with an address.