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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J26591

(4)

THOMAS J. CRAWFORD, M.D., P.A.

FILED
Apr 28 1997 8:00am
Secretary of State



Principat Place of Business 2010-59TH STW.#2200 BRADENTON FL 34209		Mailing Address 2010-59TH STW.#2200 BRADENTON FL 34209-40	345	s läbrite Eine 14616 eine) åtus tärkt tret åten såtu 41511 einen eine eine frant		
				3. Date Incorporated or Qualified 07/28/1986	3a. Date of Last Report 05/01/1996	···
2. Principa! Pla	ace of Business	2a. Mailing Address	······································	4. FEI Number	Applied F	or
21 1905	HAVERFORD	26 1905 HAVE	ERFORD	59-2707411	Not Appli	cable
Suite, Apt. ≢		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	nal
22 105		27 105		5. Certificate of Status Desired	Fee Required	
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May B	e
23 SUN C	ITY CENTER	28 SUN CITY	CENTER	Trust Fund Contribution	Added to Fees	<u> </u>
Zip	Country	Zip	Country	8. This corporation has liability for		32,
24 335			30 HILLSBOI		Yes No	
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	egistered Agent	
	WFORD, THOMAS J., M.D.		81 Name			
	-59TH ST.,W.#2200		82 Street	Address (P.O. Box Number is Not Acceptal	ble)	
Brai	DENTON FL 34209		190	5 HAVERFORD, STE 1		
			83	• •		
			84 City		85 Zip Code	
				CITY CENTER	FL 33573	
11. Porsuanti	o the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	the the shoup named	cornoration submits this statement for the I	purpose of changing its regis	tereo
office or re	egistered agent, or both, in the Sta er familiar with land accept the ob-	ate of Floridal Such change was iligations of Section 607.0505. F	i authorized by the corp Florida Statutes	poration's board of directors. Thereby acce	ept the appointment as registe	ered
	,					
SIGNATURE	Signature, typical or printed name of registered		OTE: Registered Agent signature	required when reinstating)	DATE	
SIGNATURE	Signature, typical or printed name of registered			required when reinstating) ADDITIONS/CHANGES TO OFFICE		2
SIGNATURE	Signature, typical or printed name of registered OFFICERS /	agent and title if applicable (NC	OTE: Registered Agent signature		CERS AND DIRECTORS IN 1:	2 ddition
SIGNATURE	Signature, typical or printed name of registered OFFICERS / PD CRAWFORD, THOMAS J.	agent and title if applicable (NC	OTE Registered Agent signature		CERS AND DIRECTORS IN 1:	
SIGNATURE 12.	Signature, typical or printed name of registered OFFICERS /	agent and title if applicable (NC	TIE Registered Agent signature 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 1:	
SIGNATURE 12. TITLE NAM: STREET ADDRESS	Signature, typical or printed name of registered OFFICERS / PD CRAWFORD, THOMAS J.	agent and title if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 1: KI Change A	
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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 Biock of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: