## 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 # J28719

(9)

EDWARD A. WEISS, M.D., P.A.

**FILED** Mar 12 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	Mailing Address 101 S. OSCEOLA AVENUE INVERNESS FL 34452-4727				r 100419te dein istab i tarri sannt sinkt inte dents mibre diett befet gebet gebet gebet.			
101 S. OSCEO INVERNESS FL										
							3. Date incorporated or Qualified 08/12/1986		e of Last R	eport
2. Principal P	lace of Business	2e. Mailing	Address				4, FEI Number 59-2701323		<u> </u>	oplied For of Applicable
Suite, Apt	#, etc		pt #, etc.			********	5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Stat	6	City & S	State				6. Election Campaign Financing		\$5.00	May Be
<b>23</b>   Z   P	Country	<b>28</b> Ζφ		Count	try	<del></del>	Trust Fund Contribution  8. This corporation has liability for	ntangible t	Added to ax under s	
24	25	29		0	~~~			Yes 🔀	No	
CO	g, Name and Address of Cur K, ALVAH L. J	rent registered A	Seur	а	11	Name	10, Hame and Address of New Ne	gistereu A	gent	
242	4 N. ESSEX AVENUE RNANDO FL 32642			L	12	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
				18	13					=
				8	34	City		FL	85 Zip (	Code
office or r agent. La	to the provisions of Sections 607, registered agent, or both, in the St im familiar with land accept the of	ate of Florida, Such	i change was au	thorized	bv	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of o the appo	changing it intment as	s registered registered
SIGNATURE	Signature, typed or premer name of registeres		e (NOTE		Agen	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS T <b>D</b>	AND DIRECTORS	DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC		DIRECTOR  Change	Addition
TULE NAME	WEISS, EDWARD A.		L Deterie	1.1 TITLI 1.2 NAM		}		L	Creatige	C Application
SIREET ADDRESS	101 S. OSCEOLA AVENUE					ADDRESS				
C-TY-ST-ZIP	INVERNESS FL			1.4 CITY						
THEF			DELETE	2.1 TITL	E				Change	Addition
NAME				2.2 NAM						
STREET ADDITIES						ADDRESS				
CITY-S1-ZIP TITLE			DELETE	2 4 CIT		1-ZIP			Change	Addition
NAME			•	3 2 NAM				•	-	·- !
STREET ADORESS				3 3 STR	EET /	ADDRESS				l
CHY-ST ZP				3.4. CIT	Y - 5	T- ZIP				
1: ILF			DELETE	4.1 T TL	E			1	Change	Addition
NAME				4. 2 NAI						
STREET ADORESS						ADDRESS				
CHY-ST ZIF			DELETE	4.4 CITY 5.1 TITL		- ZIP			Change	Addition
NAME				5.2 NAM		]		•		
STREET ADDRESS						AODRESS				
City St. 7th				5.4 CITY		ì				
nn f			DELETE	6.1 TiTL					Change	Addition
NAME				6.2 NAM	Æ					
STREET ADDRESS	<u> </u> :			63STR	EET	address				
CITY ST-769	İ			64 CIT	/ - ST	- 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 12 or Block 12 or on an attachment with an address.

SIGNATURE: