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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J45827

(9)

ABERDEEN HEALTH SERVICE, INC.

lace of Business Mailing Address	
NG ROCK DR 11411 PIPING ROCK DR BEACH FL 33437-1635 BOYNTON BEACH FL 33 US	

FILED Apr 17 1997 8:00am Secretary of State



05		US								
						 Date Incorporated or Qualified 12/04/1986 	3a, Dat 04/1	19/1996	teport	
2. Principal Place of Business 1 Suite, Apt. #, etc. 12		2a. Mailing Address			4. FEI Number		A	oplied For		
		26				59-2749437		Not Applicable		
		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zιρ	Country 25	Zip 29	Coul	intry		8. This corporation has liability for Florida Statutes	intangible i		199.032,	
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		
ME	SCHES, LARRY M.			81	Name					
	AUSTRALIAN AVE S.		}	82	Stroot Ada	drace (D.O. Boy Number is Not Assental	blo			
SUITE 800				02	Street Add	dress (P.O. Box Number is Not Acceptab)(A)			
WEST PALM BEACH FL 33401					83					
				84	City		FL	85 Zip	Code	
agent La SIGNATURE	Signature, type d or profed name of registered a	ageni and title if applicable. (rporation submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE			
2.	OFFICERS A	AND DIRECTORS	13.			よわらけんいうんけい リクテクマク クテビ	TEDE AND	DIRECTOR	RS IN 12	
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i. 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.

SIGNATURE

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4-13-97

561-734-411 Daytime Phone 1