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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED Feb 25 1997 8:00am Secretary of State

DOCUMENT # J57471 1. Corporation Name PHILLIP W. DEVOE, M.D., AND WATH W. WINOT, M.D., P.A. Principal Prace of Business Mailing Address 1515 AIRPORT BLVD MELBOURNE FL 32901						
CLBOURING FI	r Asani	US		Date Incorporated or Qualified 02/17/1987	3e. Date of Last F 04/09/1996	Report
. Principal F	wice of Business	2a. Mailing Address	<u></u>	4. FEI Number		pplied For
]		26	·	59-2756054		ot Applicable
Suite Apt	#, etc	Suite. Apt. #, eta.		5. Certificate of Status Desired	V	Additional equired
City & Stat	0	City & State		6. Election Campaign Financing		May Be
Zip	Country	28	Country	Trust Fund Contribution		to Fees
]	25	29	30		Yes No	5. 199.032.
ANTY	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
	CHELL, BRUCE S S. RIVERVIEW DR.		Joh	ON KANCILIA	· · · · · · · · · · · · · · · · · · ·	
	BOURNE FL 32901		82 Street Add	lress (P.O. Box Number is Not Accepta	cus Bhud	,
1112-			83			7
			84 City		85 Zip	Code
			1 1 0 1	Lbourne,	FL " 3"	Code 29 0 /
			////	- LRUGANE,		
1. Florsuant office or i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607 1508, Florida Sta ite of Florida. Such change wa	itutes, the above-named corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing opt the appointment as	its registered registered
	to the provisions of Sections 607.0 egistered agent, or both, in the Sta or tanillar with, and accept the object.	502 and 607 1509, Florida State of Movida, Such change was gations of, Special 607 0505,	itutes, the above-named corpora sauthorized by the corpora Florida Statutes.	poration submits this statement for the lition's board of directors. I hereby acce	purpose of changing opt the appointment as	its registered s registered
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14. If do hereby certly 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; the lam an efficient or director of the corporation or the receiver or furtise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phangery, or on an algorithm with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.97 (407)951-2709

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