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ANNUAL REPORT		7.7	ary of State	Secretary of State		
	1998	DIVISION OF	CORPORATIONS		I y OI S	late
	MENT # J59412	(3)				
	TREAM MEDICAL CENTER, I	• •				
rincipal Plac	e of Business	Mailing Address				
SUITE 204		PO BOX 2137 DELRAY BCH FL 33447-2	A 97			
		US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 02/27/1987		
Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number		oplied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		65-0187147 5. Certificate of Status Desired	<b>\$8.75</b>	ot Applicable Additional
City & State	3	27 City & State		6. Election Campaign Financing	F06 H0	equired May Be
Zip	Country	28	Country	Trust Fund Contribution	Added	to Fees
2.10	25	Zip [29]	30	<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>		tangible ] No
	9, Name and Address of Current NED, O. ALAN	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	01 POWERLINE RD			Iress (P.O. Box Number is Not Acceptab	ule)	
	TE 204 CA RATON FL 33433		83			
BU	DA NATUN EL 33433		84 City	and the second sec		Code
Ourouant						0000
		aud 607 1508. Florida Statut	es, the above-named cor	poration submits this statement for the n	urnose of changing it	haratsinar a
agont La GNATURE	egistered agent, or both in the State o m familiar with, and accept the obligati -	l Florida - Such change was a ons of: Section 607.0505, Fle	authorized by the corpora orida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it of the appointment as	ts registered registered
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