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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63809

(4)

FILED Apr 28 1997 8:00am Secretary of State

| OVIEDO REFERRAL, INC. Principal Place of Business Mailing Address 235 S. CENTRAL AVE. OVIEDO FL 32765 OVIEDO FL 32765 OVIEDO FL 32765-9029 | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
|--|--|--|--|--|--|--|--|-----------------------------|--|
| 2 Principal P | Prace of Business | 2a. Mailing Address | | | | 03/26/1987 4. FEI Number | | /01/1996 | pplied For |
| 21 | Table of positions | 26 | | | | 59-2797219 | | | ot Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, otc. | | | | | <u> </u> | | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | equired |
| City & Stat | le | City & State | | ., | | 8. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | to Fees |
| Ζiρ | Country | Zip | · | untry | | 8. This corporation has liability | | | s. 199.032, |
| 24 | 9. Name and Address of Curre | 29 | 30 | | ··· | Florida Statutes 10. Name and Address of New | Yes [| | |
| | | eni negistered Agent | | 811 1 | Name | IV. Name and Address of New | Legistered | Manı | ······································ |
| | ITY, MCLAUGHLIN | | | | | | | | |
| | TIMBERWOOD CT | | | 82 8 | Street Addre | ess (P.O. Box Number is Not Accep | otable) | | |
| UYII | EDO FL 32765 | | | 83 | | | ······································ | | |
| | | | | | | | | | , |
| | | | | 84 0 | Dity | | FL | 85 Zip | Code |
| | | | | | | pration submits this statement for the con's board of directors. I hereby ac | | | |
| SIGNATURE | Sign as a squared or printed name of registered a OFFICERS A | agent and title if applicable (N ND DIRECTORS | OTE: Register | ed Agent s | ignature require | id whon reinstaling) ADDITIONS/CHANGES TO OF | DATE FICERS AND | D DIRECTO | R\$ IN 12 |
| | Signative typeshor printed name or registered a OFF ICERS A | ngeri and tife if applicable (N ND DIRECTORS | 13. | ed Agent s | signature require | id whon reinstaling} | | D DIRECTOI | |
| 12. | PST MCLAUGHLIN, BETTY | ND DIRECTORS DELETE | 13. | ed Agent s | signature require | id whon reinstaling} | | | |
| 12 . | PST MCLAUGHLIN, BETTY 356 TIMBERWOOD CTENUE | ND DIRECTORS DELETE | 13. 1.11 1.21 | ed Agent s ITLE | | id whon reinstaling} | | | |
| 12. TITLE NAME | PST MCLAUGHLIN, BETTY | ND DIRECTORS DELETE | 13. 1.11 1.21 1.33 1.41 | ed Agent s TITLE NAME STREET ADO CITY-ST-Z | DRESS | id whon reinstaling} | | Change | ☐ Addition |
| 12. THUT NAME STREET ADDRESS | PST MCLAUGHLIN, BETTY 356 TIMBERWOOD CTENUE | ND DIRECTORS DELETE | 13. 1.11 1.21 1.33 1.41 2.11 | OF Agent'S TITLE NAME STREET ADD DITY-ST-Z | DRESS | id whon reinstaling} | | | ☐ Addition |
| 12. THEF NAME STREET ADDRESS CITY-SY-ZIP THEE NAME | PST MCLAUGHLIN, BETTY 356 TIMBERWOOD CTENUE | ND DIRECTORS DELETE | 13. 1.11 1.21 1.33 1.41 2.11 2.21 | OU Agent s ITTLE NAME STREET ADI TITLE TITLE NAME | DRESS PP | id whon reinstaling} | | Change | ☐ Addition |
| 12. DIGT NAME STREET ADDRESS COTY-ST-ZIP TILLE NAME STREET ADDRESS | PST MCLAUGHLIN, BETTY 356 TIMBERWOOD CTENUE | ND DIRECTORS DELETE | 13. 1.11 1.21 1.33 1.41 2.11 2.21 2.33 | ed Agent s TITLE NAME STREET ADI TITLE NAME STREET ADI STREET ADI | DRESS PRESS | id whon reinstaling} | FICERS AND | Change | ☐ Addition |
| 12. DIGT NAME STREET ADDRESS CHY-SY-ZIP TILLE NAME STHEET ADDRESS CHY-SI-ZIP | PST MCLAUGHLIN, BETTY 356 TIMBERWOOD CTENUE | ND DIRECTORS DELETE DELETE | 13. 1.11 1.21 1.33 1.41 2.11 2.21 2.33 2.4 | OF Agent S TITLE NAME STREET ADI CHY-ST-Z ITTLE NAME STREET ADI CITY-ST-Z | DRESS PRESS | id whon reinstaling} | FICERS AND | ☐ Change | Addition |
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4. 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:

Betty M. M. Zawyhilel

4-22-97

401 365-4872 Dayling From:

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