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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J64200

(5)

RICHARD E. GOULDING, M.D. AND ASSOCIATES, P.A.

Principal Place of Business
1920 SOUTH BABCOCK STREET

Mailing Address

1920 SOUTH BABCOCK STREET MELBOURNE FL 32901-4445

## FILED Apr 16 1997 8:00am Secretary of State



		WELDOURING PL 32901-4445									
						3. Date Inco 03/27/19	rporated or C	Qualified		ate of Last R 22/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numb					plied For
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Suite, Apt.	#, etc	Suite, Apt. #, etc.				6 Cortificate	e of Status De	eirad		\$8.75	
2		27			1	b. Cermican	: Of Status De	751160	. فسا	Fee Re	quired
City & Stat	le:	City & State				6. Election C	Campaign Fin	ancing		\$5.00	May Be
3		28					d Contribution			Added	<del></del>
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4	25	29	30			Florida St			Yes		·
	9. Name and Address of Curre	nt Registered Agent		<del></del>	4	10. Name an	d Address o	New Re	gistered	Agent .	
GOL	JLDING, RICHARD E.		8	1 Name	;						
1920	O S BARCOCK ST.		le	2 Street	Addres	s (P.O. Box N	umber is Not	Acceptat	ole)		
MEL	BOURNE FL 32901										
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				4 00			· 			lee l 7in	0000
			8	4 City					FL	<b>85</b> Zip	Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was r	authorizeo	by the corr	poration	n's board of d	rectors. I here	eby acce	ot the ap	pointment as	registered
SIGNATURE	Signature, typed or pented name of registered ag	pent and title if applicable (NOT	E: Registered /	gent signature	required	when reinstating)			DATE		
12.		ID DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·		ADDITION	S/CHANGES	TO OFFIC	ERS AN	D DIRECTOR	S IN 12
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i. I do hereby certify that the information supplied with this lifting 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the tam an officer or director of the corporation or the receiver ortrustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changled, or only an allock print with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 401

40 Ho 76 7335S