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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

SOUTHEASTERN GASTIC RYPASS ASSOCIATION INC

Principal Place of Business 6717 NW. 11TH PLACE SUITE C GAINVESILLE FL 32605  2a. Mailing Address  CAINVESILLE FL 32605  2b. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2a. Mailing Address 2b. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Fell Number 2d. Pell	Principal Place of Business 6717 NW. 11TH PLACE SUITE C GAINWESILLE FL 32605  2 Principal Place of Business 2 A. Mailing Address  2 Principal Place of Business 2 A. Mailing Address 2 Principal Place of Business 3 Date Incorporated or Qualified 04/28/1987  4. FEI Number  59-2254053  Not Applicable  Suite, Apt. #, etc. 59-2254053  Suite, Apt. #, etc. 50 City & State  City & State 2 City & State 2 City & State 2 B. Election Campaign Financing Fee Required  Added to Fees 2 Personal Property Tax due June 30. Pres Intampible Personal Property Tax due June 30. Pres  SALTER, JAMES D. 7038 N.E.FIRST ST. GAINESVILLE FL 32601  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-namened corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of . Section 607 0506, Florida Statutes  SIGNATURE  SIGNATURE  MACGREGOR, ALEX M.C. MD  DELETE 1.1 TITLE  Delication of Address of DELETE 1.1 TITLE  Delication Composition of Sections 607 0507 and 607 1508. Florida Statutes  Applied For Do NOT WRITE IN THIS SPACE  1. FEL Worthor  Applied For Spite Address of Status Desired  Section Company Prescription	300111	ILAGILIN GASTIO DII A	SS ASSOCIATION, INC	<b>J</b> ,	
## Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zip	6717 N.W. 11TH PLACE SUITE C GAINVESILLE FL 32805  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified  04/28/1987  2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2254053 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Date Incorporated or Qualified  1. Trust Fund Contribution 3. Date Incorporation uses or has paid the current year Intamplible Personal Property Tax due June 30.	Dring in all Diag	a of Dunings	Mailing Addrson		
SUITE C GAINVESILLE FL 32805  SUITE C GAINVESILLE FL 32805  \$ 28 Mailing Address   28 More Applied For Fee Required   38.75 Additional Fee Required   38.75 Additional Fee Required   38.75 Additional Fee Required   38.75 Additional Fee Required   38.75 Address   38.75 A	SUITE C GAINVESILLE FL 32605  GAINVESILLE FL 32605  SUITE C GAINVESILLE FL 32605  Applied For Applicable Control of Business  2a. Mailing Address  4. FEI Number  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Applied For Address of Status Desired  Fee Required  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Suite Address of Status Desired  Added to Fees  Added to Fees  No Personal Property Tax due June 30.  Yes No  No  SALTER, JAMES D.  7036 N.E.FIRST ST.  GANNESVILLE FL 32601  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  City & City & City & Country Application of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes  SIGNATURE  Signature Typen or printed name of negatived agent and tike it inspication  (NOTE Registered Agent signature required when remistating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. MACGREGOR, ALEX M.C. MD  MACGREGOR, ALEX M.C. MD			•	or.	
City & State  Country  Applied Trust Fund Contribution  Country  Applied For Personal Property Tax due June 30.	City & State 22   Country   Zip   Zip		IN PLACE		ÜÈ	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 3. Suite, Apt. #, etc. 4. Fel Number 4. Fel Number 4. Fel Number 4. Fel Number 4. Suite Address of New Personal Property and Apt. # experiment for the property and App. # experiment for the property accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes 4	2. Principal Place of Business 2. Mailing Address 3. FEI Number 59-2254053 Suite, Apt. #, etc. 59-225405 Suite, Apt. #, etc.		FL 32905		05	DO NOT WRITE IN THIS SPACE
2. Principal Place of Business	2. Principal Ptace of Business					· · · · · · · · · · · · · · ·
21 Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  22 City & State  23 Country  24 Sate  25 Country  26 Country  27 Country  28 Country  29 Sate  29 Sate  30 Sate  40 Sate  41 Name  SALTER, JAMES D.  7038 N.E.FIRST ST.  GAINESVILLE FL 32801  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL Street Address of Current for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typert or printed name of registered agent and title if exprication  (NOTE: Registered Agent signature required when reinfeating)  DATE  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  SIGNATURE  Signature, typert or printed name of registered agent and title if exprication  (NOTE: Registered Agent signature required when reinfeating)  DATE  12. OFFICERS AND DIRECTORS II 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 12.	Suite, Apt. #, etc.  Soute, Ap					
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     Selection Campaign Financing     Trust Fund Contribution     Added to Fees     Additional Fee Required     Additional Fees     Additional Fees		lace of Business	— ĭ		1.44
City & State  City & State  Zip  Country  Regional Property Tax due June 30. Yes No  No  SALTER, JAMES D.  7038 N.E.FIRST ST.  GAINESVILLE FL 32601  81  Name  Street Address (P.O. Box Number is Not Acceptable)  Regional Address of New Registered Agent  Regional Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a mamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tible if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	City & State  Country  Countr		0			
City & State  Country  Country  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  SALTER, JAMES D.  7036 N.E.FIRST ST.  GAINESVILLE FL 32801  81 Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE  Signature: typeri or punited name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  Signature: typeri or punited name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12	City & State  City & State  28  City & State  28  City & State  28  City & State  28  Country  Country  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		#, 8tC.	<b>⊢</b>		
28	Trust Fund Contribution Added to Fees  Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SALTER, JAMES D.  7038 N.E.FIRST ST.  GAINESVILLE FL 32801  81 Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or pinded name of registered agent and title it applicable (NOTE Registered Agent signature required when rengaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MACGREGOR, ALEX M.C. MD		a			
Zip Country Zip Country Zip Country Sip Street Agent Solutions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature. Typed or printed name of registered agent and title if epiplealite (NOTE: Registered Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	Zip Country Zip Country Zip Country S S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No S. Name and Address of Current Registered Agent SALTER, JAMES D. 7036 N.E.FIRST ST. GAINESVILLE FL 32801  81 Name S Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE Signature, typert or printed name of registered agent and tilk of applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D MACGREGOR, ALEX M.C. MD			├ <del></del>		
Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  SALTER, JAMES D. 7036 N.E.FIRST ST. GAINESVILLE FL 32601  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	Personal Property Tax due June 30.		Country		Country	
SALTER, JAMES D. 7038 N.E.FIRST ST. GAINESVILLE Ft. 32601  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Represent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  86 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  87 DATE  18 DATE  19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SALTER, JAMES D. 7036 N.E.FIRST ST. GAINESVILLE FL 32601  82 Street Address (P.O. Box Number is Not Acceptable)  83		25	<del> </del> 1	30	
Tosa N.E.FIRST ST.  GAINESVILLE Ft. 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typoid or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7036 N.E.FIRST ST. GAINESVILLE FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  D GETTE  1.1 TITLE  Addition  MACGREGOR, ALEX M.C. MD					10. Name and Address of New Registered Agent
7038 N.E.FIRST ST.  GAINESVILLE FL 32601  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7036 N.E.FIRST ST. GAINESVILLE Ft 32601  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typed or printed name of registered agent and title it spylicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  MACGREGOR, ALEX M.C. MD	SA	LTER. JAMES D.		81 Name	1
CalNESVILLE FL 32801  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	RAINESVILLE FL 32801  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typed or printed name of registered agent and title it stiplicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  MACGREGOR, ALEX M.C. MD  1.2 NAME				82 Stree	Address (P.O. Rox Number is Not Acceptable)
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SIGNATURE    Signature: typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	SIGNATURE   Signature, typed or pinted name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE					<b>                                      </b>
SIGNATURE    Signature: typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	SIGNATURE   Signature, typed or pinted name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant I	to the previsions of Sections 607.0	0502 and 607 1508, Florida Sta	tutes, the above-name	d corporation submits this statement for the purpose of changing its registered
SIGNATURE    Signature: typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	SIGNATURE   Signature, typed or pinted name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	office of n	egistered agent, or both, in the Sti m familiar with, and accept the ob	ate of Floridal Such change wa iligations of, Section 607.0505,	as authorized by the co , Florida Statutes.	rporation's board of directors. Thereby accept the appointment as registered
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Signature: typerd or printed name of registered agent and title: if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  NAME  NACGREGOR, ALEX M.C. MD  1.2 NAME			•		
	TITLE D DELETE 1.1 TITLE Change Addition  NAME MACGREGOR, ALEX M.C. MD 1.2 NAME	OIGHT TOTAL				,
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ATTECT INDUCES 1 700 ALC GIORT RT	NAME SALTER, JAMES D. 22 NAME					;
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CITY-ST-ZIP GAINESVILLE FL 2.4 CITY-ST-ZIP	NAME         SALTER, JAMES D.         22 NAME           STREET ADDRESS         703 N.E. FIRST ST.         2.3 STREET ADDRESS           CITY-ST-ZIP         GAINESVILLE FL         2.4 CITY-ST-ZIP			the district		
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CITY-ST-ZIP  GAINESVILLE FL  1 DELETE  3.1 TITLE  NAME  Change Addition 3.2 NAME	NAME         SALTER, JAMES D.         22 NAME           STREET ADDRESS         703 N.E. FIRST ST.         23 STREET ADDRESS           CITY-ST-ZIP         QAINESVILLE FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         32 NAME         Addition					
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CITY-ST-ZIP   GAINESVILLE FL	SALTER, JAMES D.   22 NAME     23 STREET ADDRESS	STREET ADDRESS			6 3 CTOSET ADDRESS	
CITY-ST-ZIP   GAINESVILLE FL	SALTER, JAMES D.   22 NAME	DIRECT PODIEGO I			3.5 STREET MUURESS	
CITY-ST-ZIP   GAINESVILLE FL	NAME   SALTER, JAMES D.   22 NAME					
CITY-ST-ZIP   GAINESVILLE FL   DELETE   3.1 TITLE   DELETE   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   DELETE   4.1 TITLE   DELETE   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   5.1 TITLE   DELETE	NAME   SALTER, JAMES D.   22 NAME	CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Change Addition
CITY-ST-ZIP   GAINESVILLE FL     DELETE   3.1 TITLE     Change   Addition	NAME   SALTER, JAMES D.   22 NAME	CITY-ST-ZIP TITLE	·	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
STREET ADDRESS         6717 N.W. 11TH PLACEE         1.3 STREET ADDRESS           CITY-ST-ZIP         GAINESVILLE FL         1.4 CITY-ST-ZIP           TITLE         D         DELETÉ         2.1 TITLE           NAME         SALTER, JAMES D.         22 NAME	CITY-ST-ZIP GAINESVILLE FL 1.4 CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D MACGREGOR, ALEX M.C. ( 6717 N.W. 11TH PLACEE GAINESVILLE FL D SALTER, JAMES D. 703 N.E. FIRST ST.	MD DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Change Addi
				DELETE		Change Addition
	THE TOTAL PROBLEM OF AUGMONT		•	E DECENT		C. Criange C. Nourion
		NAME			2.2 NAME	
CAA 41 T. PIRAT AT	NAME SALTER, JAMES D. 22 NAME	STREET ADDRESS	703 N.E. FIRST ST.		2.3 STREET ADDRESS	
CYDECT ADDRESS 7/13 N.E. FIRST ST. 2.9 STREET ADDRESS 2.2	NAME SALTER, JAMES D. 22 NAME					
AANDAMILE EI	NAME SALTER, JAMES D. STREET ADDRESS 703 N.E. FIRST ST. 22 NAME 23 STREET ADDRESS		GAINESVILLE FL			
AANDAMILE EI	NAME SALTER, JAMES D. STREET ADDRESS 703 N.E. FIRST ST. 22 NAME 23 STREET ADDRESS	TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP GAINESVILLE FL 2.4 CITY-ST-ZIP	NAME         SALTER, JAMES D.         22 NAME           STREET ADDRESS         703 N.E. FIRST ST.         2.3 STREET ADDRESS           CITY-ST-ZIP         GAINESVILLE FL         2.4 CITY-ST-ZIP					
CITY-ST-ZIP         GAINESVILLE FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE	NAME         SALTER, JAMES D.         22 NAME           STREET ADDRESS         703 N.E. FIRST ST.         23 STREET ADDRESS           CITY-ST-ZIP         GAINESVILLE FL         2.4 CITY-ST-ZIP           TITLE         DELETE         31 TITLE         Change         Addition					
CITY-ST-ZIP         GAINESVILLE FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE	NAME         SALTER, JAMES D.         22 NAME           STREET ADDRESS         703 N.E. FIRST ST.         23 STREET ADDRESS           CITY-ST-ZIP         GAINESVILLE FL         2.4 CITY-ST-ZIP           TITLE         DELETE         31 TITLE         Change         Addition	STREET ADDRESS			3.3 STREET ADDRESS	
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CITY-ST-ZIP  GAINESVILLE FL  2.4 CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME 3.2 NAME 3.3 STREET ADDRESS	NAME SALTER, JAMES D. 5TREET ADDRESS 703 N.E. FIRST ST. CITY-ST-ZIP GAINESVILLE FL 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE NAME STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS			DELETE		Change Addition
CITY-ST-ZIP  GAINESVILLE FL  2.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP  3.4 CITY-ST-ZIP	NAME         SALTER, JAMES D.         22 NAME           STREET ADDRESS         703 N.E. FIRST ST.         23 STREET ADDRESS           CITY-ST-ZIP         QAINESVILLE FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP	TITLE		L DELETE	4.1 TATLE	☐ Change ☐ Addition
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CITY-ST-ZIP	NAME   SALTER, JAMES D.   22 NAME     23 STREET ADDRESS					
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CITY-ST-ZIP   GAINESVILLE FL   2.4 CITY-ST-ZIP     TITLE	SALTER, JAMES D.   22 NAME     23 STREET ADDRESS					
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CITY-ST-ZIP   GAINESVILLE FL   DELETE   3.1 TITLE   Change   Addition   Add	NAME   SALTER, JAMES D.   22 NAME					
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CITY-ST-ZIP   GAINESVILLE FL	NAME   SALTER, JAMES D.   22 NAME	CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP   GAINESVILLE FL	NAME   SALTER, JAMES D.   22 NAME	CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

14. I 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.

Alex MC Macgregor, MD

**FILED** 

Feb 25 1998 8:00am

Secretary of State