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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J89877**

(1)

FILED
Apr 24 1997 8:00am
Secretary of State

H. D. SHULL, JR., M.D., P.A. Principal Piace of Business Mailing Address 528 E CENTRAL AVE P.O. BOX 9003 WINTER HAVEN FL 33883-9003 WINTER HAVEN FL 33883-9003 US									
US						3. Date Incorporated or Qualified 08/26/1987		ate of Last F 29/1996	Report
	lace of Business	28. Mailing Addres	S\$			4. FEI Number		├	oplied For
Suite Apt	#, etc.	26	itc.		···—-,——	59-2837575 5. Certificate of Status Desired			ot Applicable Additional
2		27		····	·	6. Certificate of Status Desired			equired
City & Stat	e	City & State				6. Election Campaign Financing	П		May Be
3) Zip	Country	28		Country		Trust Fund Contribution 8. This corporation has liability for			to Fees
4	25	29	30	1 '			Yes [i. 199.002,
	9. Name and Address of Curre	ent Registered Agent		81 Nam		10. Name and Address of New Re	glatered	Agent	
	E CENTRAL AVE TER HAVEN FL 33881			82 Stree8384 City	et Addre	iss (P.O. Box Number is Not Acceptat	FL	85 Zip	Code
	the contract the contract to the contract th	garono or, cooder borne	300, 110110						
		ND DIRECTORS		gistered Agent signa		oration submits this statement for the pon's board of directors. I hereby accept directors and the properties of the pro	DATE	DIRECTOR	RS IN 12
12. THEF NAME STREET ADDRESS	OFFICERS AT DP SHULL, H. D., JR. 529 E CENTRAL AVE			gistered Agent signa 13. 1.1 TITLE 1 2 NAME 1.3 STREET ADDRES	ture require	d when reinslating)	DATE	····	
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14. 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:

GNAZITY AND TYPED OF PRINTED NAME OF SUNING OFFICER OR DIRECTOR

4/17/97 94/293640