## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90315

(9)

MARK B. DEEM, D.O., P.A.

FILED
May 14 1997 8:00am
Secretary of State



Principal Plac % MARK B. DE 7800/BRYAN DI LABGO FL 3484 US	AIRY RD S-E	Mailing Address  MARK B. DEEM 7600 BRYAN DAIRY RD S-E LARGO FL 33777-1433 US				3. Date incorporated or Qualified 08/25/1987 3a. Date of Last Report 02/02/1996				
	Place of Business	2a. Mailing Address				4. FEI Number	1-10-1		oplied For	
21		26			59-2836026	Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required			
City & Stat		City & State				Election Campaign Financing     Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	h	intry	,	8. This corporation has liability for			. 199.032,	
24	25	[29]	30				Yes 🛛			
DEC	9. Name and Address of Curren	it negistered Agent	·	81	Name	10. Name and Address of New Re	gisterea Ag	ent		
	M, MARK B.				INDITE					
7600 S-E	BRYAN DAIRY RD		82 Street Ac			dress (P.O. Box Number is Not Acceptat	ole)			
	GO FL 34647			83						
LAIN	30 FE 31017									
				84	City		FL	85 Zip	Code	
SIGNATURE 12. TITLE	Signature, typod or printed name of registered agree OFFICERS ANI		13.		ant a gradure rec	guired when reinstalling) ADDITIONS/CHANGES TO OFFICE		IRECTOF	RS IN 12	
NAME STREET ADDRESS	DEEM, MARK B. 7600 BRYAN DAIRY RD S-E LARGO FL	1.33		1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	DAIGO 1	DELETE		14 C(TY - S1 - 7/P 21 T(LE				Change	Addition	
NAME				22 NAME			L	1 Change	L.J Addition	
STREET ADORESS					ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DILLETE	311					Change	Addition	
NAME			3.2 N	AME.			-	-		
STREET ADDRESS			335	THEET	ADDRESS					
CITY - ST - ZIP			3 4. 0	MY-S	ST - ZIP					
TITLE		☐ DELETE	4.1 T	IILE	]_			Change	Addition	
NAME			4.21	IMAR						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		L Drietze		IY S	1 - 7/P			T Charter	4 = 400	
TITLE	1			5.1 TITLE 5.2 NAME			L	Change	L Addition	
NAME CTREET ADDRESS					ADEODE					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE			1-7IP			Change	Addition	
NAME		E) bettie	61 T				L	1 Orientis	LL ADDICTOR	
STREET ADDRESS			6.2 N		ADDRESS					
	[		- 1		1					
CITY-ST-ZIP	by certify that the information supplies	d with this films does not gue		ITY-S		od in Section 110 07/3/(i) Florida Statute	* 1.4	- 414 . 11 4	Al	

14. To hereby certify that the information supplied with this filling goos not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the information indicated on this artifular report in 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 carporation of 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 planged, or an attachment with an address.

CICKLATURE.

4/29/97

813-544-250