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 # J93988

(0)

PAUL WEAVER, M.D., P.A.

FJ	LED
Jan 31 19	997 8:00am
Secreta	ary of State

]				

Principal Plac	sipal Place of Business Mailing Address			I (BRIIS BIS SAND IIII BIS ISTE ISII	Treatme and color that their state on differ their differ differ differ and their differ an				
6121 ST. JOH PALATKA FL 3	6121 ST. JOHNS AVE. 302								
US					3. Date Incorporated or Qualified				
2. Principal f	Place of Business	2a. Mailing Address			4, FEI Number		oplied For		
21		26			50-2844485		ot Applicable		
Suite, Apt. #, etc. Suite Apt. #, etc.			O LOTTION	¢9.75	Additional				
22 City & Sta		27 City & State			5. Certificate of Status Desired	Fee R	equired		
23		28	T		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
<i>Z</i> ip	Country	Ζφ 	ļ	intry	8. This corporation has liability for it	ntangible tax under s	. 199.032,		
24	25	29	30			Yes No			
	9, Name and Address of Current	Hegistered Agent		04 1/	10. Name and Address of New Re	listered Agent			
	AVER, PAUL, M.D.			81 Name					
	ZEAGLER DR STE 302			82 Street A	ddress (P.O. Box Number is Not Acceptab	e)_			
PAL	ATKA FL 32177			(0/2	21 ST. JOHNS AV	e			
				83			ŀ		
				84 City		FL 85 Zip	Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida State	utes, the a	l I bove-named c	progration submits this statement for the n		ts registered		
office or agent 1 a	registered agent, or both, in the State of am familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, F	authorize lorida Sta	d by the corpo tutes.	orporation submits this statement for the p oration's board of directors. I hereby accep	t the appointment as	registered		
SIGNATURE	5 greature typed or princed name of registerest agen-	of and title if applicable (NC	DTE: Registere	d Agent signature re	quired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12		
TOLE	PS	☐ DELETE	1.1 TI	TLE		Change	Addition		
NAME	WEAVER, PAUL D. M		1.2 N	AME					
STREET ADDRESS	205 ZEAGLER DR STE 302		1.3 \$	TREET ADDRESS					
CITY - S1 - ZIP	PALATKA FL		1.4 C	ITY-ST-ZIP			İ		
TITLE	S	DELETE	2.1 TI	TLE		☐ Change	Addition		
NAME	FINDLATER, ANDREA M		2.2 N	AME					
STREET ADDRESS	205 ZEAGLER DR., STE. 302		2.3 \$	TREET ADDRESS	4.				
CHY-\$1-ZIP	PALATKA FL		2.40	CITY-ST-ZIP	ŝ		1		
TITLE		DELETE	3.1 T	TLE		☐ Change	☐ Addition		
KAME:			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET ADDRESS		•			
CITY - ST - ZIP			- 6	ITY-ST-ZIP			ļ		
TITLE		DELETE	4.1 T			☐ Change	Addition		
NAME			4.21	IAME			1		
STREEL ADDRESS			4.3 S	TREET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
THEF		☐ DELETE	5.1 T	-		Change	Addition		
NAME:			5.2 N						
STREET ADDRESS				TREET ADDRESS					
CHY-S1-ZIP				ITY-ST-ZIP					
TITLE		DELETE	6.1 T	·····		Change	Addition		
NAME:			6.2 N	į.					
STREET ADDRESS				TREET ADDRESS			}		
				l l					
CITY-ST-ZIP			0.4 0	ITY-ST-ZIP					

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 of the c

SIGNATURE: