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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996			DIVISION OF	ry of State CORPORA							
DOCUN 1. Corporation	MENT #	J9994	1	(3)								
		NDIDO, M.D., P	P.A.									
Principal Place	of Business		Mailir	ng Address				() 		I I IAUT WIWII W	OLI BUBAL OUDI	KI BIDIL BIDIL FOOT
% GABRIEL 800 ULMER LARGO FL 3		A.D.		05 ULMERTON RD ARGO FL 34641								
			0.					 Date incorporated 11/02/1987 	or Qualified		of Last R 4/20/19	
2. Principal Pla	ace of Business		2a. M	failing Address				4. FEI Number 52-121836	8		-	Applied For Not Applicable
Suite, Apt. #	t, etc.		27 S	uite, Apt. #, etc.				5. Certificate of Status	Desired	[]		Additional Required
City & State	!		-	ity & State				6. Election Campaign Trust Fund Contribution	_		\$5.0	O May Be d to Fees
Zip	25	Country	Z9 Z	ıρ	Coun	itry		This corporation ha Florida Statutes	s liability for	intangible ti		
I		Address of Current		red Agent	[30]			10. Name and Addre			Agent	
						81 Name	OF 1	CHADIRO	EAB	eier	R	MA
	dido, gabriel Lmerton RD	. A., M.D.			7	B2 Street	Address	(P.O. Box Number is N WCMERT	lot Acceptab	ole)	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	FL 34641				1	B3 /	nn	wereki	346		**	
					-	B4 City	MIL	ed the	146	7/	85 Zi	p Code
					l'	Only				FL	. 65 2'	p code
or registere	o trie provisions di ed agent, or both,	f Sections 607.0502 a in the State of Florida	and 607.1	508, Florida Statute	s, the above	e-named co	orporatio	n submits this stateme	nt for the pur	pose of ch	anging its i	registered office
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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 eath; 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:

Daytime Phone #