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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K16013

(0)

MICHAEL J. BUCHANAN MD., P.A.

FILED
Feb 24 1997 8:00am
Secretary of State

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Added to Fees  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Added to Fees  Trust Fund Contribution Added to Fees	2. Principa Place of Boundary	Country  25  me and Address of Curr MICHAEL J. HILL DR **L-33803**	PO 90X 6084 LAKELAND FL 33 US  2a. Mailing Add 26 Suite, Apt. # 27 City & State 28 Zip 29	ress			3. Date Incorporated or Qualified 02/18/1988 4. FEI Number 59-2876314 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i	\$a. Date of L 04/29/19  \$8.  \$8.  F.  Angtangible tax units.	Applie Not Ap To Requir Not Ap Requir Requir Requir Requir Requir	d For oplicable tional ed y Be
LAKELAND FL 38809  LAKELAND FL 3	2. Principa: Place of Bi Suite, Apt. #, etc.  22 City & State  23 Zip  24  9. Na BUCHANAN, 504 LAUREL LAKELAND F  11. Pursuant to the pro- office or registored agent 1 am familia  SIGNATURE  12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE LAKEL  D BUCHA STREET ADDRESS CITY-SI-ZIP TITLE LAKEL LAK	Country  25 me and Address of Curr  MICHAEL J.  HILL DR  1. 33803	2a. Mailing Add 26 Suite, Apt. # 27 City & State 28 Zip	ress			02/18/1988 4. FEI Number 59-2876314 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i	04/29/19  \$8  F  Angtangible tax ur	Applie Not Ap .75 Addit ee Requir 5.00 May	d For oplicable tional ed y Be
2. Principa Piaco of Business   2a. Mailing Address   4. FEI Number   Applied For   21   28   59-28/78314   Not Applied For   22   59-28/78314   Not Applied For   23   59-28/78314   Subtract   24   59-28/78314   Subtract   25   59-28/78314   Subtract   26   59-28/78314   Subtract   27   50-28/78314   Subtract   28   59-28/78314   Subtract   29   50-28/78314   Subtract   20   50-28/78314   Subtract   20   50-28/78314   Subtract   21   50-28/78314   Subtract   22   50-28/78314   Subtract   23   50-28/78314   Subtract   24   50-28/78314   Subtract   25   50-28/78314   Subtract   26   59-28/78314   Subtract   27   50-28/78314   Subtract   28   50-28/78314   Subtract   29   50-28/78314   Subtract   29   50-28/78314   Subtract   20   50-28/78314   Subt	Suite, Apt. #, etc.  22  City & State  23  Zip  24  8. Nai  BUCHANAN, 504 LAUREL LAKELAND F  11. Pursuant to the pro- office or registered agent 1 am familia  SIGNATURE Signature, b  12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE LAKEL  DAKEL  DAKEL  LAKEL  LAKEL  LAKEL  LAKEL  LAKEL  TITLE LAKEL  LAKEL  LAKEL  TITLE LAKEL  LAKEL  LAKEL  TITLE LAKEL  LAKEL  LAKEL  LAKEL  TITLE LAKEL  LAKEL  LAKEL  TITLE LAKEL  LAKEL  LAKEL  TITLE  LAKEL  LAKEL  LAKEL  TITLE  TITLE  LAKEL  LAKEL  LAKEL  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  LAKEL  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  LAKEL  TITLE  TITLE  LAKEL  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  LAKEL  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  LAKEL  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  LAKEL  TITLE  TITLE  TITLE  TITLE  LAKEL  TITLE	Country  25 me and Address of Curr  MICHAEL J.  HILL DR  1. 33803	26 Suite, Apt. # 27 City & State 28 Zip 29	e, etc.			02/18/1988 4. FEI Number 59-2876314 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i	04/29/19  \$8  F  Angtangible tax ur	Applie Not Ap .75 Addit ee Requir 5.00 May	d For oplicable tional ed y Be
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City & Statio  Country  Country  Country  Country  Country  Country  Country  Country  R. This corporation has liability for intengible tax under s. 199.032. Florida Statutes  None and Address of Current Registered Agent  BUCHANAN, MICHAEL J.  504 LAUREL HILL DR  LAKELAND FL 38808  33 Statio  33 Statio  Registered Agent  City & Statio  Registered Agent  Registered Agent  Registered Agent  City & Statio  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  City & Statio  Registered Agent  Regi	City & State  23  Zip  24  9. Nai  BUCHANAN, 504 LAUREL LAKELAND F  11. Pursuant to the prooffice or registored agent 1 am familial SIGNATURE SIGNATURE  12.  TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE LAKEL  AKEL  TITLE LAKEL  LAKEL  TITLE  LAKEL  TITLE  TITLE  TITLE  TI	25 me and Address of Curr MICHAEL J. HILL DR "L-33803"	27 City & State 28 Zip 29				Election Campaign Financing     Trust Fund Contribution     This corporation has liability for its corporation of the second of the secon	St. A	ee Requir 5.00 May dded to Fe	ed y Be ees
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Zip Country 7/p Country 8. This corporation has liability for intrangible fax under s. 199/032, Plorida Statutes 7/2 10 Name and Address of Current Registered Agent 10. Name and Address of New Register	9. Na BUCHANAN, 504 LAUREL LAKELAND F  11. Pursuant to the pro- office or registored agent 1 am familial  SIGNATURE  12.  IITLE SIGNATURE SIRELADDRESS ONY-SI-ZIP TILLE D NAME BUCHA STREET ADDRESS DITY-SI-ZIP TILLE D LAKELA  STREET ADDRESS DITY-SI-ZIP TILLE LAKELA  LAKELA  LAKELA  LAKELA  LAKELA  LAKELA  LAKELA  LAKELA	25 me and Address of Curr MICHAEL J. HILL DR "L-33803"	Zip <b>29</b>	30			8. This corporation has liability for i	ntangible tax ur		
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9. Name and Address of Current Registered Agent  BUCHANAN, MICHAEL J. 504 LAUREL HILL DR LAKELAND FL. 3980% 3 3 5 1 3  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 rigorit, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent i and turniar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, hyed or prefetch name or registered agent and steer applicable  NOTE Registered Agent signature recurred when relinateding)  DP  INTE  DP  BUCHANAN, MICHAEL J.  504 LAUREL HILL DR  LAKELAND FL  LAKELAND FL  LAKELAND FL  DELETE  1.1 THILE  D D DELETE  2.1 THILE  D D DELETE  2.2 TAME  1.3 STREET ADDRESS  CITY-S1-2P  DELETE  3.1 STREET ADDRESS  LAKELAND FL  LAKELAND FL  2.2 SIRRET ADDRESS  CITY-S1-2P  SOL JAUREL HILL DR  LAKELAND FL  2.3 SIRRET ADDRESS  SIRRET	9. Na BUCHANAN, 504 LAUREL LAKELAND F  11. Pursuant to the pro- office or registored agent 1 am familial  SIGNATURE SIGNATURE 12.  IITLE DP NAME STREEL ADDRESS CITY-SI-ZIP D NAME BUCHA STREEL ADDRESS CITY-SI-ZIP BUCHA STREEL ADDRESS CITY-SI-ZIP LAKEL  TILLE D NAME BUCHA STREEL ADDRESS CITY-SI-ZIP LAKEL LAKEL LAKEL LAKEL	me and Address of Curr MICHAEL J. HILL DR 'L-93803'			81		, 10,100 010,000			1.032,
SOL LAUREL HILL DR LAKELAND FL 33803  33 St 73  82 Street 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 oligidene or tegistered agent, or both, in the State of Florida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent larn familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE  14. DELETE  15. THE  16. SOL LAUREL HILL DR  16. SOL LAUREL HILL DR  16. SOL LAUREL HILL DR  17. ST-ZP  LAKELAND FL  18. LACITY-ST-ZP  LAKELAND FL  18. LACITY-ST-ZP  LAKELAND FL  18. LACITY-ST-ZP  LAKELAND FL  22. PAWAE  SIREL ADDRESS  SOL LAUREL HILL DR  23. SIREL ADDRESS  SOL LAUREL HILL DR  24. CITY-ST-ZP  LAKELAND FL  25. PAWAE  SOL LAUREL HILL DR  26. STREET ADDRESS  LAKELAND FL  27. PAWAE  SOL LAUREL HILL DR  28. STREET ADDRESS  LAKELAND FL  28. STREET ADDRESS  LAKELAND FL  29. PAWAE  SOL LAUREL HILL DR  29. Addition  AND LOTH ST-ZP  LAKELAND FL  29. THE  21. THE  21. THE  21. THE  21. THE  22. COTY-ST-ZP  LAKELAND FL  23. STREET ADDRESS  LAKELAND FL  24. CITY-ST-ZP  LAKELAND FL  25. THE LAUREL STREET ADDRESS  LAKELAND FL  26. Change Addition  AND LOTH ST-ZP  LAKELAND FL  27. PAWAE  10. Change Addition  AND LOTH ST-ZP  LAKELAND FL  28. THE LAUREL STREET ADDRESS  LAKELAND FL  29. THE  20. Change Addition  AND LOTH ST-ZP  LAKELAND FL  29. ADDITIONS/CHANGES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  AND LOTH ST-ZP  LAKELAND FL  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  AND LOTH ST-ZP  LAKELAND FL  29. ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CH	11. Pursuant to the pro- office or registored agent 1 am familial SIGNATURE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DITY-SI-ZIP TITLE NAME STREET ADDRESS DITY-SI-ZIP TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE	HILL DR "L- <b>33803</b> "			81		10. Name and Address of New Re-	2	<del></del>	
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Number	11. Pursuant to the pro- office or registored agent 1 am familial SIGNATURE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DITY-SI-ZIP TITLE NAME STREET ADDRESS DITY-SI-ZIP TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE LAKEL TITLE	HILL DR "L- <b>33803</b> "			14.1	Name		· · · · · · · · · · · · · · · · · · ·		J
LAKELAND FL \$3803  33513  84 City  FL B5 35613  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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: bysed or prefet familier with, and accept the obligations of, Section 607.0505, Florida Statutes.  NOTE Registered Agent agrature required when reinstation)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP DELETE 1.1 ITILE  DLAMAE  SUCHANAN, MICHAEL J.  SO4 LAUREL HILL DR  1.3 STREET ADDRESS  CITY-S1-2P  LAKELAND FL  DELETE 2.1 TITLE  D Change Addition  AME  BUCHANAN, MARY P.  2.2 NAME  BUCHANAN, MARY P.  2.2 NAME  BUCHANAN, MARY P.  2.2 NAME  DELETE 3.1 TITLE  Change Addition  Addition  NAME  SIREL ADDRESS  CITY-S1-2P  TITLE  DELETE 3.1 TITLE  Change Addition  A	11. Pursuant to the pro- office or registored agent 1 am familia.  SIGNATURE SIgnature is Signat				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		_=
## City   FL   85   686-53  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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE   Signature, typed or greated name of registered agent and still applicable   (NOTE Registered Agent agent agent and still applicable   (NOTE Registered Agent agent agent agent and still applicable   (NOTE Registered Agent	office or registored agent 1 am familial agent 1 am familial SIGNATURE  12.  TITLE SIGNATURE SIGNATURE SIGNATURE BUCH/STREEL ADDRESS CITY-S1-ZIP DUCH/STREEL ADDRESS CITY-S1-ZIP LAKEL/STREEL ADDRESS CITY-S1-ZIP LAKEL/STREEL ADDRESS CITY-S1-ZIP LAKEL/STREEL ADDRESS CITY-S1-ZIP	23812				O, OOL FIGURE	to the second second			
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SIGNATURE    Signature, typed or prefetor name of registered agent and blist of applicables   NOTE   Registered Agent signature required when reinstating)   DATE	SIGNATURE  12.  TITLE NAME STREEL ADDRESS CITY-SI-ZIP TILE NAME STREEL ADDRESS DITY-SI-ZIP TILE LAKEL  D STREEL ADDRESS DITY-SI-ZIP TILE LAKEL LAKEL  TILE LAKEL  TILE LAKEL  LAKEL  TILE LAKEL  TILE LAKEL  TILE  SIGNATURE  SIGNATURE SOLUTION SOLUTION SOLUTION SIGNATURE SIGNATURE SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SIGNATURE SIGNATURE SOLUTION	ovisions of Sections 607.0	502 and 607.1508, Flori	ida Statutes, t	he above	-named corp	oration submits this statement for the p	urnose of chang	ging its re	gistered
SIGNATURE    Signature, typed or protect name of registered agent and alter if applicables   NOTE   Registered Agent signature required when reinsteining)   DATE	SIGNATURE  12.  TITLE NAME STREEL ADDRESS CITY-SI-ZIP TILE NAME STREEL ADDRESS DITY-SI-ZIP TILE LAKEL  D STREEL ADDRESS DITY-SI-ZIP TILE LAKEL LAKEL  TILE LAKEL  TILE LAKEL  LAKEL  TILE LAKEL  TILE LAKEL  TILE  SIGNATURE  SIGNATURE SOLUTION SOLUTION SOLUTION SIGNATURE SIGNATURE SOLUTION SOLUTION SOLUTION SOLUTION SOLUTION SIGNATURE SIGNATURE SOLUTION	if agent, or both, in the Sta ir with land accept the obl	ate of Florida, Such char ligations of Section 607	nge was autho '.0505. Fiorida	orized by a Statutes	the corporati	on's board of directors. I hereby accep	of the appointme	ent as regi	stered
12.	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE LAKEL TITLE D BUCH/ STREET ADDRESS DITY-ST-ZIP TITLE			,						
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NAME   BUCHANAN, MICHAEL J.   12 NAME   13 STREET ADDRESS   CTTY - ST - ZIP   LAKELAND FL   14 CTTY - ST - ZIP   LAKELAND FL   14 CTTY - ST - ZIP   LAKELAND FL   Change   Addition   Add	NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE THEE	OFFICERS A			****		ADDITIONS/CHANGES TO OFFIC			
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CITY-ST-ZIP	CITY-ST-ZIP LAKEL					Innaraa				
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CITY-ST-7IP 44 CITY-ST-7IP										
TIFE         DELETE         51 TiffLE         Change         Addition				)ELETE				CI	hange	Addition
NAME 5.2 NAME	NAME				5.2 NAME					
	STREET ADDRESS				5.3 STREET					i

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2-19-97

941-644-2600

Change

Addition