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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

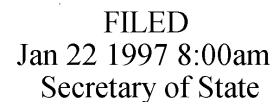
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # K37597

MONTGOMERY AND ROSEBROUGH, M.D., P.A.





Principal Plac	ce of Business	Mailing Address							
830 MEDICAL INVERNESS F	COURT EAST L 34452-1617		MEDICAL COURT EAST ERNESS FL 34452-4612						
						3. Date Incorporated or Qualified 10/10/1988		ate of Last 02/1996	
2. Principal F	Place of Business	2a. Mailing Addre	ss			4. FEI Number			Applied For
26						59-2916602			Vot Applicab
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional	
		27				C. Columbia di Sidica Dia 100			Required
City & Stal	te	City & State			6. Election Campaign Financing				
<u> </u>		28				Trust Fund Contribution			d to Fees
7ıp 1	Country	Ζίρ		untry	•	B. This corporation has liability for			s. 199.032,
L	25 25 Name and Address of Curre	29	30	1		Florida Statutes 10. Name and Address of New I	Yes [
МО	ONTGOMERY, DAN G. M.D.	in negistered Agent		81	Name	10. Name and Address of New I	registered.	Agent	
) MEDICAL COURT EAST			Ľ			****		
	ERNESS FL 34452			82 Street Address (P.O. Box Number is Not Accept			able)		
IIAA	EUNE00 LF 04405			83					
				63					
				84	City			85 Zij	o Code
				<u></u>		poration submits this statement for the	FL	<u> </u>	
2.	Signature typed or printed name of registered ag OFFICERS AN	col and little if applicable	(NOTE: Registere		ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	DRS IN 12
rlf	T O	DEL		IITLE		ADDITIONS/CHANGES TO OFF	IOENS AN	Change	
ME	MONTGOMERY, DAN G.			NAME					
TREET ADDRESS	AND MEDICAL OF E				ADDRESS				
1Y - S1 - ZIP	INVERNESS FL				it - ZIP				
TLE	0	DEL						Changi	Addit
AME	ROSEBROUGH, CARL W.		22)	IAME					
TREET ADDRESS			235	STREET	ADDRESS				
TY-ST-ZIP	INVERNESS FL		2.4	CITY-:	ST-ZIP				
TLE		☐ DEL	ETÉ 3.1 7	TITLE				Change	e 🔲 Addil
ME			3.2 1	MAME					
REET ADDRESS			3.3 8	STREET	ADDRESS				
TY-\$1-712				CITY -:	ST-ZIP				·
TLF		☐ DEL	ETE 4.11	TITLE				Chang	e 🔲 Addit
AME			4. 2	NAME					
TAEET ADDRESS			4.3 \$	STREET	ADDRESS				
TY-ST-21P				CITY - S	iT-21P				
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AME			5.21	NAME					
TREET ADDRESS			5.3 \$	STREET	ADDRESS				
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FILE		□ DEI	ETE 6.11	TITLE				Chang	e 🔲 Addit
AME			6.21	NAME					
TREET ADDRESS			6.3 3	STREET	ADDRESS				
CITY-S1-ZIP			641	CHTY-S	ST - ZIP				

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.