SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DU	E ON OR BEFORE 09/30/98: \$550 (IF	F DISSOLVED, MINIMUM AMOUNT DI	UE TO REINSTATE: \$750).	er eg
	PROFIT	FLORIDA DEP	ARTMENT OF STATE	A three productions
	PORATION AL REPORT	1.1.7	B. Mortham	
	10 <b>FED</b>	257	lary of State F CORPORATIONS	Di Control Morres Engel
	1998	DIVISION OF		98 SEP 17 AM 9:50
	MENT # K8213	32 (7)		JO OLI 17 AII JUNI
PROFESSIONAL MEDICAL ASSOCIATES OF NORTHWEST FLO				SECRE TARY OF STATE
RIDA, IN		ICIATES OF NORTHWES	oi PLO	TALLAHASSEE, FLÖRIÐA
ווו האטווו	0.			
Principal Place	e of Business	Mailing Address	- FERDON	
5150 S. (FERND	ON BLVD.		, Election	
CRESTVIEW FL	32536	CRESTVIEW FL 32536		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
	<del></del>	1 M. Transpille Radio Marine		04/20/1989 4. FEI Number Applied For
2, Principal Pi	lace of Business	2a, Mailing Address		4. FEI Number Applied For Not Applied ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		[27]		Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
2 <b>3</b> ] Zip	Country	28    Z <sub>IP</sub>	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30]	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur		81 Name	10. Name and Address of New Registered Agent
1504 C DEADL CTOCET				Co. D. Maria de Maria de Caracteria
CRESTVIEW FL 32538			82 Street /	Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	85 Zip Code
44 Duranani	to the provinces of sections 607.	0E02 and 607 1508 Florida Statu	ites the shove named or	orporation submits this statement for the purpose of changing its registered
office or	regi <b>ste</b> red agent, or both, in the S	State of Florida. Such change was obligations of, section 607.0505, F	s authorized by the corpo	pration's board of directors. I horeby accept the appointment as registered
SIGNATURE	an termina with the decopt the e	yanganana an adami day tadag t		
	Signature, typed or posted name of registered	d agont and title if applicable ( S AND DIRECTORS	NOTE: Registered Agent signatur  13.	e required when re-instating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	PD	DELETE	1.1 TITLE	PTP Change Addition
NAME	LEO, A. ROSS	F = 1 v = v v v z	1.2 NAME	to A O
STREET ADDRESS	5150 SO FERDON BLVD		1.3 STREET ADDRESS	SISO 50. FERDON BLUD
CITY-ST-ZIP	CRESTVIEW FL 32536		1.4 CITY-ST-ZIP	CRESTVIEW, FL 32536 USO [Y Change [] Addition
TITLE NAME	KELLEY, TERESA C	LIDFLETE	2.2 NAME	LEO, TERESA C.  SISO Sc. FERDEN BLUD
STREET ADDRESS	5150 SO. FERDON BLVD		2.3 STREET ADDRESS	SISO SU FERDEN BLUP
CITY-ST-ZIP	CRESTVIEW FL 32536		2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLF		DELFTE	3.1 TITLE	Change Addition
NAME			3.2 NAME 3.3 STREET ADDRESS	<b>600002643708</b> 9 -09/18/9801081014
STREET ADDRESS CITY-ST-ZIP			3.4 C(1) Y-ST-ZIP	****150.00_*****150.00
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	1000026437110
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP	-09/18/9801081015
CITY-ST-ZIF TITLE		DELETE	5.1 TITLE	*************************************
NAME		£ .,	5.2 NAME	<b>2</b>
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-2#		· · · · · · · · · · · · · · · · · · ·	5.4 CHY-ST-ZIP 6.1 THE	The state of the s
TITLE NAME		[ ]DELETE	6.2 NAME	L Change L Addition
STREET ADDRESS			6.3 STREET ADDRESS	15 9117
CITY-ST-Zi₽			6.4 CITY-ST-ZIP	
indicated o	on this appual report or suppleme:	ental annual report is frue and acc	curate and that my siona	section 119.07(3)(i), Florida Statules. I further certify that the information dure shall have the same legal effect as if made under oath; that I am
an officer of	or director of the corporation or th 2 or Block 13 if changed, or on an	he raceiver or trustee empowered	to execute this report a	s required by Chapter 607, Florida Statutes; and that my name appears
1 Dell State 10 D. 44 16 11 D. 14 10 11 D. 14 10 10 10 10 10 10 10 10 10 10 10 10 10				

PROFESSIONAL MEDICAL ASSOCIATES

Accredited by:



on Accreditation of Healthcare Organizations

2

Division of Corporations Attention: Mr. Tyrone Scott P.O.Box 6327 Tallahassee, FL 32314

September 16, 1998

Dear Mr. Scott:

Per our conversation of this date, I am sending the Corporate Annual Report along with a check for \$150.00, Document #K82132. I am also enclosing a check for \$8.75 for a "Certificate of Status". As we discussed I am at a loss as to why we did not receive the first notice unless the fact that your address of record shows "Ferndon" instead of "Ferdon" Blvd. Since we had a problem last year with receiving the notice, I wanted to make sure we did not repeat the problem this year.

Thanking you in advance for your help, consideration, and understanding in this matter.

Sincerely,

A. Ross Leo President