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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K97551

(1)

1. Corporation Name

EDWARD J. MILA PRATS, M.D., P.A.

Principal Place of Business

1801 SE HILLMORE DR.
SUITE A104
PORT ST. LUCIE FL 34952

Mailing Address

1801 SE HILLMORE DR.
SUITE A104
PORT ST. LUCIE FL 34952-7545



3. Date Incorporated or Qualified
06/22/1989

3a. Date of Last Report
04/12/1996

4. FEI Number
65-0128061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1095 NW St Lucie West Blvd

Suite, Apt. #, etc.

22 Blvd

City & State

23 Port St. Lucie FL

Zip

24 34986

Country

25 USA

2a. Mailing Address

26 1095 NW St Lucie West Blvd

Suite, Apt. #, etc.

27 Blvd

City & State

28 Port St Lucie FL

Zip

29 34986

Country

30 USA

9. Name and Address of Current Registered Agent

MILA-PRATS, EDWARD J
1801 SE HILLMORE DRIVE
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1095 NW St Lucie West Blvd

83

84 City

Port St Lucie

FL

85 Zip Code

34986

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 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME PRATS, EDWARD J. MILA,
STREET ADDRESS 1801 SE HILLMORE DR
CITY- ST- ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

861-785-5230

Date

Daytime Phone #

0468280

CR2E034 (9/96)