FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

		DIVISIC	N OF CORPORATIONS				
DOC 1. Corpora	UMENT # LO53	320 (1)				
1	RANGE PARK ADULT SPECI		• /				
Principal Bl	ace of Business			I DECIDENT EN ERIEN AMER IN	iia iian ban bia	i Birit alı	In andu duan duan d
1		Mailing Address			ii (11) est est		
1895 K Suite	INGSLEY AVE	1895 KINGSLET	(AVE		so man gan alfi		ne minte Athib O'All fi
ORANG	SE PARK FL 32073	Suite 903					
		ORANGE PARK	FL 32073	3. Date Incorporated or Qualifier			_
2. Principal	Place of Business			07/26/1989	d 3a . Dat		t Report
21		2a. Mailing Address		4. FEI Number		05/30)/1995
Suite, Ap	t. #, etc.	Suite, Apt. #, etc		59-2956736			Applied For Not Applicable
Cit. 0 Ct		27	•	5. Certificate of Status Desired		\$8.7	75 Additional
City & Sta	4(6	City & State		·		Fe	e Required
Zιρ	Country	28		Election Campaign Financing Trust Fund Contribution		\$5.	00 May Be
24	25	Ζφ 29	Country	8. This corporation has liability fo	_	Add	led to Fees
<u> </u>	9. Name and Address of Curren	t Registered Agent	30	TIONIDA STATUTOS DE YA	s IIIo		s 199,032,
			81 Name	10. Name and Address of New	Registered A	gent	
CHE	SLER, JEFFREY B., M.D.						
1895	KINGSLEY AVENUE		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)		· -
STE			83				
ORA	NGE PARK FL 32073		84 City				
11. Pursuant	to the provisions of Sections 507 0500		1 1 - 1			85 Z	ip Code
or register familiar wi	to the provisions of Sections 607.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section	and 607.1508, Florida Stat a. Such change was autho	utes, the above-named corpor	ation submits this statement for the nu	IDOSE of obox		· · · · · · · · · · · · · · · · · · ·
SIGNATURE	to the provisions of Sections 607.0502 red agent, or both, in the State of Floridatin, and accept the obligations of, Section Signature, typed or profile name of registered agents.	n 607.0505, Florida Statut	es.	d of directors. I hereby accept the app	ointment as r	iging its egistered	registered office d agent. I am
	- Transition to agrant a	O THE PROPRICADIE.	OT D				
12.	OFFICERS AND	DIRECTORS	NOTE: Registered Agent signature required 13.		DATE		
NAME	P CUTOUTO (CORROLLA)	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF			DRS IN 12
STREET ADDRESS	CHESLER, JEFFREY B M.D.		1.2 NAME			Change	☐ Addition
CITY-ST-ZIP	1895 KINGSLEY AVE SUITE ORANGE PARK FL 32073	903	1.3 STREET ADDRESS				
TITLE	S	☐ DELETE	1.4 CITY-ST-ZIP				
NAME	RAMEY, THOMAS L M.D.		2 1 TITLE			Change	Addition
STREET ADDRESS	1895 KINGSLEY AVE SUITE	903	2 2 NAME			- io igo	
CHTY-ST-ZIP	ORANGE PARK FL 32073		2.3 STREET ADDRESS				ł
TITLE NAME	T	DELETE	24 CITY-ST-ZIP 3.1 TITLE				
STREET ADDRESS	JUBA, DANIEL R M.D.		3.2 NAME			Change	☐ Addition
CITY-ST-ZIP	1895 KINGSLEY AVE SUITE &	003	3.3. STREET ADDRESS				
TITLE	ORANGE PARK FL 32073		3.4 CITY-ST-ZIP				1
IAME		☐ DELETE	4 1 TITLE		<u> </u>	hange	Addition -
STREET ADDRESS			4.2 NAME		L.) V	···niiAc	☐ Addition
CITY - ST - ZIP			4.3 STREET ADDRESS				
ITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE				
AME IREST ADDOCCO		<u></u>	5.2 NAME		[] c	hange	Addition
TREET ADDRESS TY-ST-ZIP			5.3 STREET ADDRESS				1
TLE			5 4 CITY - ST - ZIP				
AME		DELETE	6. 1 TITLE				
REET ADDRESS			6.2 NAME		☐ Ch	ange (Addition
TY-ST-71P			6.3 STREET ADDRESS				
I do hereby co	ertify that the information supplied with t	his filing is voluntarily formation	64 CITY-ST-ZIP				1
oath; that I an appears in Bio	ertify that the information supplied with to e information indicated on this annual re man officer or director of the corporation ock 12 or Block to it childed, or divan	port or supplemental annual trustee attachment will an address	ined and does not qualify for the empowered to execute this rej	ne exemption stated in Section 119.07(nd that my signature shall have the sar port as required by Chanter 607.	3)(k), Florida 8 ne legal effect	Statutes.	I further ade under

lental annual report is true and accurate and that my signature shall have the same legal effect as if made under trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name than address.

Scribar 4/1/96 2761000 SIGNATURE: X