SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95 $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L32525 (2)

POLYMEDIC FAMILY MEDICAL CENTER, P.A.

643 CAPE CORAL PAARKWAY
CAPE CORAL FL 33904

643 CAPE CORAL PAARKWAY
CAPE CORAL FL 33904

11/21/1989

08/01/1994

65-0165727

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

9 Name and Address of Current Registered Agent

AXIBAL, CARLITO S.
643 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

10 Name and Address of New Registered Agent

FL

P
AXIBAL, CARLITO S.
1501 N. E. VANLORN TERR.
CAPE CORAL FL

CR2E004 (3/95)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0160504 FP