## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

L54118

(9)

ELOBIDA MEDICAL GROUP OF DAVIE, INC.

12011101		(VIL) IIIO			
Principal Place	e of Business	Mailing Address		n em feriors mar dekap drama alman tidah ta	IN BABAN BABAN BABAN BABAN BABAN ANDIN ANDIN ANDIN
8606 ST RD 84 DAVIE FL 33324 US		3510 RIDGELAND ROAD DAVIE FL 33324 US		3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1990 04/17/1995	
2 Principal Pi	ace of Business	2a, Mailing Address		4. FEI Number	<b>04/17/1995</b> Applied For
11		26		65-0179314	Not Applicable
Suite, Apt	# etc	Suite, Apt #, etc. 27 35 10 Ridge	eland Road	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State	eland Road Florida	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ (4)	Country 25	29 <b>33.3</b> 28	Coupltry	8. This corporation has liability for Florida Statutes	Yes No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Re	gistereo Agent
	ETER, LOUIS J.		82 Street Add	ress (P.O. Box Number is Not Acceptab	No.
	E BOCA PLACE 5 GLADES ROAD, SUITE 236W		52 Street Addi	ess (F.O. Box Number is Not Acceptate	ne)
	CA RATON FL 33431		33		
			4 City		85 Zip Code
44 - 0	to the provisions of Sections 607 050	O and CO7 1500 Florida Statutor	s too o possed core	oration submits this statement for the p	FL B 7 p code
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	Registeri (gent's gnature requi	red when renstating): ADDITIONS/CHANGES TO OFFILE	
TITLE	D	DELETE	111		Change Addition
NAME	FIELDS, ALLAN N.		1.2 N I =		
STREET ADDRESS CITY - ST - ZIP	8606 STATE ROAD 84 DAVIE FL		1.3 S ET ADDRESS		
TITLE	D	DELETE	217		Change Add:tion
NAME	BOLTON, EDGAR B., JR.		22N fê		
STREET ADDRESS	8606 STATE ROAD 84		2 3 S I FT ADDRESS		
CITY - ST - ZIP	DAVIE FL D	DELETE	2 4 0 r - ST-ZIP		Change Addition
TITLE NAME	HALADEY, ROBERT		32 N LIF		Change Poone
STREET ADDRESS	8606 STATE ROAD 84		335 EFT ADDRESS		
CITY-ST-ZIP	DAVIE FL		34 CTY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
DITY-ST-ZiP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5 3 STREET ADOPESS		
CHY-ST-ZIP			5 4 CiTY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP  14. I do heret	ov certify that the information supplie	d with this filing is voluntarily fun	64 CITY - ST - ZIP nished and does not qua	lify for the exemption stated in Section	119 07(3)(k), Florida Statutes

GNATURE:

| Construction of the Control of the Composition of Signature Applied with the Control of the Control