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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation								
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MAIL	ET ENDOGNINE AND DI	MDETIC CARE, P.A.			I ARRIVANA ARVITANTI ARVITA		ığıi Diğir bigir ə	(E): 313): 814): 188:
D: : 10			· · · · · · · · · · · · · · · · · · ·					
Principal Place		Mailing Address	Maling Address			**************************************	1811 EIBH G1811 B	1811 B1911 B1911 IBB1
C/O HOMER KNIZLEY, JR. 1900 NW 98TH ST.		C/O HOMER KNIZLEY, JR. 1900 NW 98TH ST.						
	E FL 32606	GAINESVILLE F						-
					 Date Incorporated or Quat 05/18/1990 	fied 3a. E	Date of Last R 04/04/1	
2. Principal Place of Business		2a. Maiing Address			4. FEI Number	11		Applied For
21		26			65-0199943		-	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Scite, Apt. #, etc.		5. Certificate of Status Desire	d 🗆		5 Additional
Orty & State		City & State		6. Election Campaign Financi			Required	
23		28			Trust Fund Contribution	9 🗆		May Be
Zip Country		F ™ 1 F · · · · · · · · · · · · · · · · · ·		intry	8. This corporation has liability for intangible tax under s			
24	25 9. Name and Address of Curre	29	30			Yes No		
	g, mano una Address di Carie	on negistered Agent		81 Name	10. Name and Address of N	ew Register	ed Agent	
KNIZLE	Y, HOMER, JR.							
1900 NW 98TH ST.				82 Street Add	ress (P.O. Box Number is Not Acco	:ptable)		
GAINES	SVILLE FL 32606			83				
				84 City			. 85 Zij	p Code
11 Pursuant to	the provisions of Soutions CO7 OCO	5				F		•
Or registered	the provisions of Sections 607,050 diagent, or both, in the State of Flor	TEACH COLD IN COLD BUILDING WAYS AND IN	TOUZE LO. TOO F	ve named corpo lorporation's bot	ration submits this statement for th ird of directors. Thereby accept the	 purpose of appointment 	changing its r as registered	egistered office. Lagent, Lam
SIGNATURE	and accept the obligations of, Sec	3000 607.0505, Honda Stat	tutes.				J	5
Si	gnatine, typ+otion printed halles of registered also	A	the Hall Bollechen, a	Agent signature respon	delember Status			
TITLE	OFFICERS AN	NO DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A		
NAME	KNIZLEY, HOMER, JR.			TLF			Change	☐ Addition
STREET ADDRESS	1900 NW 98TH ST.		12 NA	HEET ACORESS				
CiTy - ST - ZiP	GAINESVILLE FL			Fr - S1 - ZIP				
TITLE		☐ DELETE	2 1 11				Change	Addition
NAME			2.2 NA	ME				_
STREET ACORDS			2351	REET ADDRESS				
CITY ST - ZIP TITLE		☐ DELETE		IY-SI-Zif	- W			
NAME			3 1 17 3 2 NA	i			Change	Addition
STREET ADDRESS				HEE! ADDRESS				
CITY-SI-ZIP		,		Y-\$1-ZIP				
TITLE		☐ DELETE	4 1 TI				Change	Addition
NAME			4.2 NA	ME				
STREET ADDRESS			4350	REEL ADDRESS				
CITY-ST-ZIP		Fig Drugge		Y-ST-7IP		<u>.</u>		
TITLE NAME		DELETE	5 1 T.	İ			Change	Addition
STREET ADDRESS			5 2 AA 5 3 9 TA	ME HEET ADORESS				
CITY-ST-ZIP				Y-ST ZIP				
THILE		DELETE	6 1 TII				Change	Addition
NAME			6.2 NA	Mit			v·	
STREET ADDRESS			6351	REFT ADDRESS				
CITY-ST-ZIP	certify that the information supplied	mostly the self-large in continue to S	64 CIT	Y · S ¹ · Z ₁ P				
- se a de l'eller des l'	on my more no innormation subhaled.	• or recensing is voidhtably.	тингізней алд б	ices not avality fo	or the exemption stated in Section :	1.19.07(3)(k) - f	Inrida Statuta	se Ifurther

certify that the information indicated on this amous report or supplemental and does not quarry for the exemption stated in Section 1.9:07(3)(k), Florida Statutes, Floriner certify that the information indicated on this amous 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 trusted 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:

Home Kniley Homer Homer KNizley Jv 04.04.96 352-332 7410