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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

MEDICAL PARTNERS EQUITIES, INC.

	81811 81811 81811 8 <b>18</b> 11

Principal Place	of Business	Mailing Address							91811 Q1811 B1Q11 (PB1
4651 SALIS	SBURY RD STE 155	4651 SALISBURY R	<b>D</b>						
155		155	****						
JACKSONV US	/ILLE FL 32256	JACKSONVILLE FL US	32256			3. Date Incorporated or Qualified 06/01/1990	3a. Date	of Last <b>04/25/</b>	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3038425			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		Add	00 May Be ed to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i		x under	s 199.032,
24	25	29	[30]				□No	A	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New R	egistereo	Agent	
T400/	NUT EDANIC ECO			1					
Tassone, Frank Esq 1833 Atlantic BLVD			Į		Street Addres	ss (P.O. Box Number is Not Acceptab	ile) 		
SUITE				B3					
JACKS	SONVILLE FL 32207		Ē	84	City		FL	85	rip Code
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Se Signature, typed or printed remain of registered age	xida. Such change was auth <b>ort</b> ction 607.0505, Florida Statu <b>te</b> e	ed by the c s.	orpor	ration's board	tion submits this statement for the pur of directors. I hereby accept the appo	ointment as	registere	ed agent. I am
12.		IND DIRECTORS	13.	Agent s	signature rectorect s	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TOLE	D	DELETE	1,170	TLE				Change	
NAME	LEWIC DOETT I				1				
MAINE	Lewis, Brett J		1.2 NA	ME	[				
NAME STREET ADDRESS	4651 SLAISBURY RD STI	E 155			DDRESS				
			1.3 ST						
STREET ADDRESS	4651 SLAISBURY RD STI	E 155	1.3 ST	REET AL 14-51-				Change	: Addition
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certify that the information indicated on this arinual report of supplemental annual report is true and accurate and that my signature shall rave me same legal effect as it made under oath; that I am an officer or director of the earthy action 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 or an appears in address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR