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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED	
Apr 24 1997 8:00am	1
Secretary of State	

FRANCI	SCO F. CORP., M.D., P.A	` '	·2175		
				 Date Incorporated or Qual 06/13/1990 	lified 3s. Date of Last Report 04/24/1996
Principal F	lace of Business	28. Mailing Address		4. FEI Number	Applied For
l <u>_</u>		26		65-0234601	Not Applicabl
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desire	ed S8.75 Additional Fee Required
L City & Stat	le	City & State		6. Election Campaign Finance	
<u> </u>		28		Trust Fund Contribution	Added to Fees
- Ζφ 1	Country	Z _i p	Country		ity for intangible tax under s 199.032,
]	25 9. Name and Address of Cur	29 29 Agent	[30]	Florida Statutes 10. Name and Address of No.	Yes No
CO	RP, FRANCISCO F.		81 Nam		
	800 N.W. 67 AVENUE		82 Stree	et Address (P.O. Box Number is Not Acc	centable)
	TE 109				
MIA	AMI LAKES FL 33014		83		
			84 City		FL 85 Zip Code
4 70	46.45.	007 tron Flacido Cto	4 400 400 000 000	od corporation submits this statement for	
	regritered spent, or both, in the St am familiar with and accept the ob	late of Florida. Such change wa diligations of, Section 607.0505,	as authorized by the co Florida Statutes.	orporation's board of directors. I hereby	accept the appointment as registered
IGNATURE 2.	Stip other, typed or professional OFFICERS /	ragen) and talk if applicable (0	as authorized by the conformal Statutes. NOTE: Registered Agent signal 13.	orporation's board of directors. I hereby ure required when reinstating:	OFFICERS AND DIRECTORS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13N changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-15-97 (305) 220 9992

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