FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	COLUMN COLUMN	SON OF CON	Chair	J140	_	<i>-</i>		
		•	2)						
DONNA	A L. WEISE, M.D., P.A	ł.						HALL BYAN ALAN	
Principal Place of Business Mailing Address						1 Teeladay 188 kiyat bahat tehad 1804 ildi	BIBK WAL	HARN EVRN BLOK	\$18H (88)
% DONNA L.	WEISE	% DONNA L. W	% Donna L. Weise 160 n.W. 13TH ST. Homestead Fl 33030-4228						
160 N.W. 13T HOMESTEAD									
HOMESIEAU	rt 3000	PROMEOTERD TO	- COLOUTEEU			3. Date Incorporated or Qualified	3a. D.	ate of Last R	leport
						07/29/1986	01/	22/1996	
─ `	Place of Business	F	2a. Mailing Accress			4. FEI Number		 	pplied For
Suite, Ap	#, etc.	26 Suite, Apt.	Suite, Apt. #, etc.			59-2696799			ot Applicable Additional
22		27	}·			5. Certificate of Status Desired		• •	equired
City & St	ate	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	·		···.	Trust Fund Contribution			to Fees
Zip	Country	Zip	} <u>-</u>	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			. 199.032,
24	25 9. Name and Address	29 of Current Registered Agent				10. Name and Address of New Re			
w	EISE, DONNA L.			81	Name				
	O N.W. 13TH ST.			82	Street Add	ress (P.O. Box Number is Not Acceptat			·
	HOMESTEAD FL 33030					is a second to the second to t	,,		
				83					
				84	City			85 Zip	Code
					<u> </u>	poration submits this statement for the p	FL		
office of	r registered agent, or both, ir Lam familiar with, and accept	i the State of Florida. Such cha t the obligations of, Section 60	nge was autho	orized bi	v the corporat	tion's board of directors. I hereby accept	of the app	pointment as	registered
SIGNATORE	Signatur by carager of special t	ng stered agrid and fille it applicable	(NOTE: Reg	istered Ag	ent signature requi	red when reinstating)	DATE		
12.		ICERS AND DIRECTORS	OF LOTE	13.		ADDITIONS/CHANGES TO OFFICE	ERS ANI		RS IN 12
TITLE	DP DONNA	il	DELETE	1.1 TITLE 1.2 NAME				[_] Change	LI ADDRION
NAME STREET ADOREST	WEISE, DONNA 160 NW 13 STREET		1		r address				
City-St-ZiP	HOMESTEAD FL		ł	1.3 STREE	\ \ \ \				
TILE	TOMEOTE			21 TITLE	<u> </u>			Change	Addition
NAME			Į	2 2 NAME	ţ				
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CITY-ST-71F				2 4 CITY-	SI-ZIP			···	
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NAME			•	3 2 NAME	* 4000res				
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NAME			į	5 2 NAME					
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CITY-ST-7P			DELETE	54 CITY-	SI-ZIP			Change	Addition
TITLE		L	VELETE	6.1 TITLE	1			Change	L_J Addition
NAME	1		ŧ	6 2 NAME	l				

63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 13 if change from an artiachment with an address.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 1997

305-242-3519

FILED

Jan 14 1997 8:00am

Secretary of State