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

PROFIT •
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth am

Secretary of State
DIVISION OF CORPORATIONS

1997

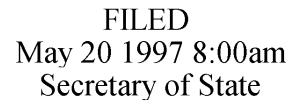
DOCUMENT # M65176

(3)

KENT'S NORTHSIDE, INC.

Principal Place of Business

Mailing Address





1133 THOMASVILLE ROAD TALLAHASSEE FL 32303		P.O. BOX 14345 TALLAHASSEE FL 3231	7 <b>-4</b> 345					
						3. Date Incorporated or Qualified 01/19/1988	3a. Date of La	•
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	1	Applied For
21		26	26			59-2924881		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State		City & State				6. Election Campaign Financing	¢5	00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip	7 0	ountry		8. This corporation has liability for in	ntangible tax und	ler s. 199.032.
24	25	29	30			Florida Statutes	Yes No	
	9. Name and Address of Curr					10. Name and Address of New Reg	Istered Agent	
STR	AUSS, KENT N		:	81	Name			
	3 THOMASVILLE RD.			82 Street Address (P.O. Box Number is Not Acceptable)			le)	,
	LAHASSEE FL 32302			83		TOO (1.0. Box 10.11b) to 110.11booptab		
				03				
1				84	'		FLII	Zip Code
11, Pursuant t office or re agent. Fer	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida Sta ite of Florida Such change wa igalions of, Section 607.0505,	tutes, the is authori Florida S	above zed by tatute	e-named cor the corpora s.	poration submits this statement for the patient's board of directors. I hereby accep	urpose of changi t the appointmen	ng its registered It as registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title it applicable. (N	IO11 Regist	erad Aga	nt signature requ	ired when reinstating)	DATE	
12.	OFFICERS A	IND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICE		
TITLE	₽	☐ DELETE	1	1 TITLE			L Cha	nge 🔲 Addition
NAME	STRAUSS, KENT		1	2 NAME				
STREET ADDRESS	1133 THOMASVILLE ROAD		1.	3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		1)	4 CHY- 9	ST - ZIP			
TITLE	ST	, DELETE	2	1 TITLE			☐ Cha	nge 🔲 Addition
NAME	STRAUSS, ROBERT		2.	2 NAME				
STREET ADDRESS	1133 THOMASVILLE RD		2.	3 \$1REE1	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		2	4 CITY-	S1-ZIP			
TITLE		DELETE	3	1 TITLE			☐ Cha	nge 🔲 Addition
NAME			3,	2 NAME				
STREET ADDRESS			3	3 STREET	ADDRESS			
CITY-ST-ZIP			3.	4. C(1Y-	ST-ZIP			
TITLE		☐ DELFTE	4	1 TITLE			☐ Cha	nge 🔲 Addition
NAME			4.	2 NAME				
STREET ADDRESS	•		4.	3 STREET	ADDRESS			
CITY-ST-ZIP			4	4 CHY-S	ST - 71P			
TITLE		DELFTE		1 TITLE			Cha	nge 🔲 Addition
NAME		•		2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			- I i	4 CITY-S	Į.			
TIFLE		DELETE		1 TILLE			Cha	inge Addition
	The state of the	000016		2 NAME				<u> </u>
NAME					ADDRESS			
STREET ADDRESS					ADDRESS			
CITY-\$T-ZIP	by cartify that the information come	lind with this filing does not or		4 CITY-S		ed in Section 119 07(3)(i) Florida Statute	e I further certify	that the

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 Statutes. I further certify that the information indicated on this primal 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 plack 13 if chapter on an attachment with an address.

SIGNATURE:

KIBSIH KTRAUSS

5-13-94

224-5510