## 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

DOCUMENT # M70013

(1)

FILED Mar 31 1997 8:00am Secretary of State

	Ave	Mailing Addr	85						
US	3394	07				3. Date Incorporated or Qualified 02/29/1988		te of Last R 5/1996	eport
1	Place of Business	2a. Mailing A	ddress			4. FEI Number 65-0033402		<del></del>	plied For
Suile, Ap	t. #, etc	Suite, Ap	t #, etc.			5. Certificate of Status Desired	×	\$8.75	ot Applicable Additional equired
City & St	alle	27   City & St	ate		,	6. Election Campaign Financing		\$5.00	
<b>23</b> Zipi	Country	28 Zip		Country	у	Trust Fund Contribution  8. This corporation has liability for		Added tax under s	to Fees
24	25 Name and Address of Co.	29	30				Yes [		
	<ol> <li>Name and Address of Cur NNATA, ROSETTA V., M.D.P.A.</li> </ol>	<del></del>	nı	81	Name	10. Name and Address of New Re	Biereled 1	-deur	
-494 -694	18 EVANS AVENUE //400 41 ST. EDMUNDS LOOP //7. MYERS FL 88900	B CRUEIAN	9 Aue. 33907	82 83	<u> </u>	iress (P.O. Box Number is Not Acceptat	ole)		
				84	City		FL	<b>85</b> Zip	Code
11. Pursuar	nt to the provisions of Sections 607 to r registered agent, or both, in the St	USUZ and 607.1508. h	iorida Statutes,	. Ine apov	re-namea cor	poration submits this statement for the p	Durpose of	cnanging it	is registered registered
office o agent I SIGNATURE				horized b da Statute	y the corpora is.	ation's board of directors. I hereby acce	DATE	ontinent as	
SIGNATURE	Signature hypard or publied name of registerio:	d agent and to sit applicable AND DIRECTORS	(NÖTE: F	horized by da Statute tegistered Ag	y the corpora is.		DATE	DIRECTOR	RS IN 12
SIGNATURE	P CANNATA, DR. ROSETTA V. S941 ST. EDMUNDS LOOP	AND DIRECTORS  134 MARYS C	INOTE F DELETE HAPPL CT.	horized by da Statute and stat	y the corporals.	uired when reinstaling)	DATE		
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14. 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 annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the conformation of the receiver or trustee/enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 or Block 13 or charges, or on an attackment with an address.

SIGNATURE:

TURE MY YERO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.19.97

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