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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

M93955

(6)

DOCUMENT #

1. Corporation Name

MIL-LAKE MEDICAL CENTER P.A.

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HINE IDAN ENER E		
. (6188 18683 81181 8	(91 810) 610) 610	{
		: WIR BIR 8181 186

4617-19 LAKI LAKE WORTI	I Business E WORTH ROAD H FL 33463	Mailing Address 4617-19 LAKE WOF LAKE WORTH FL 3				3. Date-locorporated or Qualified	3a. Date o	ulasi B	enced
						3. Date Incorporated or Qualified	3a. Date	6/15/1	995
2. Principal Place	e of Business	2a. Mailing Address 26				4. FEI Number 65-0068270	<u></u>	<u></u>	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution			d to Fees
Zφ	Country	Zip	Coun	itry		8. This corporation has liability for Florida Statutes	intangible tax ⊢ ⊠ No	under s	199.032,
24	9. Name and Address of Curre	29	30		.	10 Name and Address of New F		gent	
	9. Name and Address of Curre	ant neglistered Agent		81	Name	10. 11			
	.RD, DAVID M.D.		-	82	Ctroot Add	ress (P.O. Box Number is Not Acceptate	nie)		
	LAKE WORTH ROAD		`	02	Street Add	ress (r.e. box rumber is not recopius			
LAKE W	ORTH FL 33463		[1	83					
			1	84	City		FL	85 Z	p Code
SIGNATURE		ND DIRECTORS	NOTE: Registered A	Agent s	s-gnature require	ed when renslating) ADDITIONS/CHANGES TO OFF			
TITLE	VPS	DELETE	1.1 10	TLE				Change	
NAME	ABELLARD, DAVID MD		1.2 NA	M.E					
STREET ADDRESS	9334 HEATHRIDGE DR			REET A	DDRESS				
	WEST PALM BEACH FL		1.3 STF	Y-SI-			<u></u>	1 Change	C Addition
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0/(3)(k), Florida Statutes. Flurtner 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 unde 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 changed, or on an attachment with an address.

David Abolland, M.D.

LOCAL 3 4446

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96/407/433494