ANNUA	PROFIT PORATION AL REPORT 996	FLORIDA DEPARTM Sandra B. M Secretary DIVISION OF CO	Mortham of State		
	MENT # N40710	0 (8)			
	Name ABETIC ORGAN TRANSPLA	NT NETWORK, INC.			
Principal Place c	of Business	Mailing Address			NATI BARI DI ANI ANDI BIDI BIDI ANDI ANDI ANDI ANDI
•	v/l/scvineider RLY avenue	c/o/ dorothy L. /schnei 562 S.W. Eyerly avenue Port St. Lucie Fl. 34963		3. Date Incorporated or Qualified	d 3a. Date of Last Report
Principal	20 Of Rusiness	2a. Mailing Address		11/07/1990	04/19/1995 Applied For
2. Principal Plac		26		65-0279769	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	X \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30		or intangible tax under s. 199.032,
]	25 9. Name and Address of Current		81 Name	Florida Statutes 10. Name and Address of New	
an so aintear	o the provisions of Sections 617.0502 ed agent, or both, in the State of Fioric h, and accept the obligations of, Secti	da Such change was authorized.	84 City the above-named cor by the corporation's t	rporation submits this statement for the p board of directors. I hereby accept the ap	Purpose of changing its registered offi ppointment as registered agent. I am
 Pursuant to or registere familiar with SIGNATURF 	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti Signature, typed or printed name of registerics agent	da. Such change was authorized tion 617.0503, Florida Statutes. Land tile if angleable (NOTE ID DIRECTORS		equired when reinstaling:	DEL Purpose of changing its registered offi popointment as registered agent. I am OATE DEFEDERS AND DIRECTORS IN 12
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