## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE: 4

N44769

(0)

<b>BRANDON</b>	MUDGHID	CENTER	IMC
DUNINUTUR	WUDONIE	CENIER.	INL .

Principal Place of Business Mailing Address					7 (601)(4) 6(4 1)(4) 6(5)( 4)(1)	IRII BIBIY WIDII WIDII RIW	IV BYEN GIÐN 1991			
			1761 HIGHWAY 60 EAST VALRICO FL 33594							
								3. Date Incorporated or Qualified 08/19/1991	3a. Date of Las 04/10/	
2. Principal P	Place of Busin	ess	2a 26	. Mailing Address				4. FEI Number 59-3094789		Applied For Not Applicable
Suite, Apt.	#, etc.		120	Suite, Apt. #, etc.					\$8.7	5 Additional
22			27					Certificate of Status Desired		Required
City & Stat	te		28	City & State				6. Election Campaign Financing		00 May Be
Ζιρ		Country	20		Co	untry		Trust Fund Contribution  8. This corporation has liability for in	Add	ed to Fees
24		25	29	,	30	,			Tangisie tax under s ☐ Yes 🔀 No	5. 199.002,
	9, Name	and Address of Curr	ent Regis	tered Agent		L.,		10. Name and Address of New R	egistered Agent	
						81	Name			
MCDONALD, WILLIAM H.					82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
	GHWAY 60					83				
VALINIU	O FL 33594					63				
						84	City		FL 85 2	ip Code
11. Pursuant	to the provisi	ons of Sections 617.05	12 and 61	7 1508 Florida Statuti	es the ah	Ne-r	named comor:	ation submits this statement for the purp	ance of changing its	registered office
or registe	red agent or	both, in the State of Flo of the obligations of, Se	wide Such	h change was authoriz	ad by tha	corp	oration's boar	d of directors. I hereby accept the appo	intment as registere	d agent. I am
SIGNATURE	_									
12.	Signature, typed	or printed name of registered agr OFFICERS A		Transfer Mark			t signature required	- · · · · · · · · · · · · · · · · · · ·	DATE	COFFICE IA L. C.
Talif	PD	OF ICENS A	IND DINEC	DELETE	13			ADDITIONS/CHANGES TO OFFE	CERS AND DIRECT	Addition
NAME	MCDON	ald, William H.		L		IAME			☐ \$van\$e	
STREET ADDRESS	1761 HV	VY 60 EAST			135	TREET	ADDRESS			
CITY-ST-ZIP	VALRICO	) FL			1.4 (	TY-S	T - ZIP			
TITLE	VD			DELETE	211	ITLF			☐ Change	☐ Addition
NAME	1	)ROUGH, REGINALE	) H.		221	IAME				
STREET ADDRESS	LAKELA	MAIN STREET			235	TREET	ADDRESS			
CITY - ST - ZIP TITLE	STD	ND FL		DELETE			ST - ZIP			
NAME		ALD, JACQUELYN P	1	Dreceie	311 321				☐ Change	Addition
STREET ADDRESS		GHWAY 60 E.	•				ADDRESS			
CITY - ST - ZIP	VALRICO	) FL					ST - ZIP			
TOTLE	1			DELETE	411				☐ Change	Addition
NAME					4. 2	VAME				
STREET ADDRESS					435	TREET	ADDRESS			
CITY - ST - ZIP				Florida		ITY-S	r - zip			
TITLE				DELETE	511				Change	☐ Addition
NAME STREET ADDRESS					521		ADDOCCC			
CHTY - ST - ZIP						ITY-S	ADDRESS T. 7/P			
TITLE				DELETE	611		1 - 71E		☐ Change	Addition
NAME					621					
STREET ADDRESS							ADDRESS			
CI*Y - ST - ZIP	<u> </u>					IIY-S				
certify tha	at the informat	the information supplied tion indicated on this an	nual repor	rt or supplemental ann	ual report	is tru	ie and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the	)7(3)(k), Florida State same legal effect as	ites. I further if made under

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