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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N50804

(6)

PALMETTO PHYSICIAN ASS	OCIATION, INC.							
Principal Place of Business	Mailing Address			1 10430101 001 01111	ABIBI ISIN BBILI W	i di Alahi di di		ANELI MINIT LENI
7100 W. 20TH AV	7100 W. 20TH AV							
G-179 HIALEAH FL 33016	G-178 Hialeah Fl. 33016-1897							
US	US			3. Date Incorporated 09/11/1992	or Qualified	3a. Dat	of Last 0/03/1	Report 996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-044206	٥			oplied For
21	26 Suite, Apt. #, etc.			007044200	<u> </u>			lot Applicable
Suite, Apt. #, etc.	27 Suite, Apr. #, etc.			5. Certificate of Statu	s Desired		•	Additionat Regulred
City & State	City & State			6. Election Campaign	Financing			May Be
23	28			Trust Fund Contrib	_			to Fees
Zip Country	Zip	Cour	try	8. This corporation h				s. 199.032,
24 25	29 Current Registered Agent	30		Florida Statutes 10. Name and Addre			No	
9, Name and Address of	Cultailt Hegisteled Ageil		Name	IQ. Harris and Addit	a or man mal	Jiatareu A	Adult	
FOYER, GEORGE		\					,,,,,	
2001 W 68TH ST.			Street	Address (P.O. Box Number Is	Not Acceptable	le)		
HIALEAH FL 33016		Ţ	93	······································				·····
		-	84 City				85 Zip	Code
		ì	,			FL	1 1 1	
11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent. I am lamiliar with, appaccept the	617.0502 and 617.1508, Florida Statut ne State of Florida. Such change was i	les, the ab authorized	ove-named by the corp	corporation submits this state poration's board of directors. I	ment for the pa hereby accep	urpose of a	changing intment a	its registered is registered
	ne obligations of, Section 617.0503, Fl	orida Stati	16s.		• •	• • •		J
		724	_					
SIGNATURE Signature procedure printed page of texts	isterior apendand title if applicable (NOT	Geo-		GYEC		DATE		
Signature, typed printed regular of regular to the signature of the signat				a required when reinstating) ADDITIONS/CHANG	GES TO OFFIC	DATE ERS AND	DIRECTO	DRS IN 12
Signature, types of printed near of rec 12. OFFICE THUE CD		E: Registered	Agent signature	required when reinstating)	SES TO OFFIC	ERS AND	DIRECTO Change	
12. OFFICE TITLE CD NAME GRAUBERT, ALAN DR	ERS AND DIRECTORS	13. 1.1 TIT 1.2 NA	Agent signature E ME	required when reinstating)	SES TO OFFIC	ERS AND		
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14. Ido 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the an address.

SIGNATURE:

CONATURE AND SPEED OR PROSED HAME OF SIGNING OFFICER OR DIRECTOR

305-364-244

FILED

May 16 1997 8:00am

Secretary of State

Daytime Phone # 0023358