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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000005622 (4) DOCUMENT #

FILED
Mar 13 1998 8:00am
Secretary of State

5111111	IEDICAL CENTER AUXILIAF	RY, INC.						
Principal Plac	e of Business	Mailing Address				ı tebitter ara raraj artır martı adını döril döril azılı	ANIAL AILIA ZILIA	11010 1101 1001
C/O 5301 S. C ATLANTIS FL : US	CONGRESS AVENUE 33462	C/O 5301 S. CONGRE ATLANTIS FL 33462 US	ess avenue			Date Incorporated or Qualified 1/29/1995 FEI Number		applied For
			t			65-0649377		lot Applicable
_	Place of Business	2a. Mailing Address				5. Certificate of Status Desired		Additional
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			6. Election Campaign Financing	\$5.00	Nev Be
22		27				Trust Fund Contribution		to Fees
City & Stat	le	City & State				7. Is this nonprofit corporation a homeown		on?
23 Zip	Country	28 Zip	Cou	intry		B. This corporation owes or has pald the c	No No	tengible
24	25	29	30		i	Personal Property Tex due June 30.		No No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	d Agent	
				81 Name	В			
	LE, PHILIP M II			82 Stree	t Addres	s (P.O. Box Number is Not Acceptable)		
	UTH FLAGHLER DRIVE			83				
	000 EAST TOWER A BEACH FL 33401							
M LVM	DENOTIFE, SONUT			84 City		F	L 85 Zip	Code
11. Pursuant	to the previsions of Sections 617.05	02 and 617.1508, Florida S	tatutes, the a	bove-name	d corpor			its registered
agent. I a	and familiar with and accorpt the obli	editions of Section 617.050	was authorize 3, Florida Stal	u by the co lutes.	orporation	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	opoiniment a	s teftisrered
SIGNATURE	ayun	pr.				3//9	190	
12.	OFFICERS A	Pent and title if applicable	(NOTE: Registere	d Agent signatu	ire required s	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	OR	DELETE		n c			Change	
NAME				ILE	l _	J	Cuguine	Addition
	ZURGA, ALMA		1.2 N			es./D		Addition
STREET ADDRESS	306 CEDAR KEY CIRCLE				, V∈	ernon Poest		••
CITY-ST-ZIP	306 CEDAR KEY CIRCLE ATLANTIS FL 33462	The exe	, 1.3 S 1.4 C	AME Treet address TY-ST-ZIP	, V∈		antis	, Fl.
CITY-ST-ZIP	306 CEDAR KEY CIRCLE ATLANTIS FL 33462 D/T	☐ DELETE	1.3 S 1.4 C 2.1 Te	AME Treet address ITY-ST-ZIP Tle	Ve 36	ernon Poest 53 Villa Dr. So. Atl ob De Graff, V.P./D	antis Change	••
CITY-ST-ZIP TITLE NAME	306 CEDAR KEY CIRCLE ATLANTIS FL 33462 D/T NOVICK, HY	☐ DELETE	1.3 S 1.4 Cl 2.1 Ti 2.2 N	ame Treet address TY-ST-ZIP TLE Ame	Rok 489	ernon Poest 33 Villa Dr. So. Atl bb De Graff, V.P./D 3 S. Country Club Dr	antis Change	, Fl.
CITY-ST-ZIP TITLE NAME STREET ADDRESS	306 CEDAR KEY CIRCLE ATLANTIS FL 33462 D/T NOVICK, HY 6983 FOUNTAINS CIRCLE	☐ DELETTE	1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	ame Treet Address Ty-St-Zip Tle Ame Treet Address	Rok 489	ernon Poest 53 Villa Dr. So. Atl ob De Graff, V.P./D	antis Change	, Fl.
CITY-ST-ZIP TITLE NAME	306 CEDAR KEY CIRCLE ATLANTIS FL 33462 D/T NOVICK, HY	☐ DELETE	1.3 S' 1.4 Cl 2.1 Ti 2.2 Ni 2.3 S' 2.4 Cl	ame TY-ST-ZIP TLE Ame TREET ADDRESS ITY-ST-ZIP	Rok 489 At J	ernon Poest 3 Villa Dr. So. Atl bb De Graff, V.P./D 3 S. Country Club Dr lantis, Fl. 33462	antis Change	, Fl.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	306 CEDAR KEY CIRCLE ATLANTIS FL 33462 D/T NOVICK, HY 6983 FOUNTAINS CIRCLE LAKE WORTH FL 33467 DP DRIBBON, RAMONA		1.3 S' 1.4 Cl 2.1 Ti 2.2 N/ 2.3 S' 2.4 C	AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TITY-ST-ZIP TLE	Rok 489 At J	ernon Poest 3 Villa Dr. So. Atl bb De Graff, V.P./D 3 S. Country Club Dr lantis, Fl. 33462 ector fis Diamond	antis Change	, Fl.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	306 CEDAR KEY CIRCLE ATLANTIS FL 33462 D/T NOVICK, HY 6983 FOUNTAINS CIRCLE LAKE WORTH FL 33467 DP DRIBBON, RAMONA 5203 K. EUROPE DRIVE		1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.3	AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE AME	Rok 489 At 1	ernon Poest 3 Villa Dr. So. Atl bb De Graff, V.P./D 3 S. Country Club Dr lantis, Fl. 33462 rector fis Diamond 50 So. Ocean Blvd.	antis Change	, Fl.
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14. I hereby certify that the information supplied with this filling 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 on an alternment with an address.

SIGNATURE: