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| CO | RPORATION | | | RTMENT OF STATE B. Mortham | Jan 27 19 | 98 8:0 | Juam | |
| ANNUAL REPORT | | SIG - 17 | | ary of State CORPORATIONS | Secreta | Secretary of State | | |
| DOCU | IMENT # P252 | 223 | (9) | | | | | |
| | ter hospital of st. | Louis, inc. | | | I HANKARA KID MARKARING KARRANA MUT | | IF BEBFF JOC | |
| Principal Play | no of Pupingon | Mading | Addroop | | | | | |
| Principal Place of Business Mailing Address 206 PARK PLACE BLVD 577 MULBERRY ST. KISSIMMEE FL 32741 MACON GA 31298 US | | | | | DO NOT WRITE I | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | | |
| Principal f | Place of Business | 2a. Mail | ing Address | | 07/18/1989 4. FEI Number | A | plied For | |
| Suite, Apt. | | 26 | e, Apt. #, etc. | | 58-1583760 | | t Applicable | |
| | | 27 | | | 5. Certificate of Status Desired | | Additional equired | |
| City & Sta | | 28 | & State | | 6. Election Campaign Financing Trust Fund Contribution | Added | May Be to Fees | |
| Zip | Country 25 | Zip 29 | | Country 30 | This corporation owes or has paid Personal Property Tax due June 30 | | angible] No | |
| n | 9. Name and Address of C | | | 81 Name | 10. Name and Address of New Regi | stered Agent | | |
| 12 | 201 HAYS STREET ALLAHASSEE FL 32301 | | | 82 Street | Address (P.O. Box Number is Not Acceptable |) | | |
| | | | | 84 City | | 85 Zip | Code | |
| 1. Pursuant | t to the provisions of Sections 60 | 07.0502 and 607.15 | 08, Florida Statu | tes, the above-named | corporation submits this statement for the pur poration's board of directors. I hereby accept | FL pose of changing it | s registered | |
| office or agent. I a | registered agent, or both, in the am familiar with, and accept the | State of Florida, Su obligations of, Sec | ich change was tion 607 0505 - Fl | authorized by the cor | poration's board of directors. I hereby accept t | he appointment as | registered | |
| GNATURE | | | | orida Statutes. | | | regionered | |
| | Signature, typed or printed nume of registe | ered agent and litle if applic | | Orida Statutes. 11 Hegistered Agent signatur | | DATE | | |
| | Signature, typed or printed name of registe OFFICEF | ered agent and little if applie RS AND DIRECTOR | saule (NO S | 11 Registered Agent signatur 13. | ADDITIONS/CHANGES TO OFFICE | DATE RS AND DIRECTOR | S IN 12 | |
| LE | Signature, typed or printed nume of registe | | sule (NO | 1E Hogistered Agont signatur | ADDITIONS/CHANGES TO OFFICE President Tres C Bass | DATE RS AND DIRECTOR | | |
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