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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9200000978 (6)

WAUCHULA FAMILY PRACTICE CENTER P.A.

FILED Mar 21 1997 8:00am Secretary of State

	e of Besiness	Mailing Address		1 TEANIADH LIN IRRED NAN ADNIN DONN DAN BARA	L MANTE MATER MATER COLLE TO AND STATE TO BE
517 HWY 17-92	? W	517 HWY 17-92			
-Cuite B - Haines City F	FL 33844	HAINES CITY FL 33844			
US		US		 Date Incorporated or Qualified 11/05/1992 	3a. Date of Last Report 06/25/1996
	HWY 17-92 W	2a, Mailing Address [26] 575 HWY	17-92 W	4. FEt Number 59-3150268-65-03	
Suite, Apt	H. Letc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3 HAIN	EX CITY EL	City & State	ITY FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
SI ittiivi	Condition	Z/P com e d	Courtry	8. This corporation has liability for	
1 338	199 [25]	The state of the s	30		Yes No
	9. Name and Address of Curre	nt Hegistereo Agent	81 Name	10. Name and Address of New Re	gistered Agent
	APBELL, JOHN D HWY 17-92 W			(D.O. Cau N. sabay is Not Assessed	
HUD-	100-			ddress (P.O. Box Number is Not Acceptat	ole)
HAIN	NES CITY FL 33844		63		
			84 City	······································	85 Zip Code
44	Leading Critical	00 and 007 1600 Flavido Clabuta	1 London parado	orporation submits this statement for the p	FL 3 2 10 0000
SIGNATURI 12.	Equipment programme ethops selected of OFFICERS AI	grot and title capplicable (NOTE ND DIRECTORS	Registered Agont signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DAYE CERS AND DIRECTORS IN 12
iii. Mar	PS	☐ DELETE	1.1 TITLE		Change Addit
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SPEEL ADDRESS		□ noi eie	13 STREET ADDRESS 3	5132 WATER WOOD D BARTOW, FL 33830	
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The inference centry that the information supplied with this tiling does not quality for the exemption stated in section 119.07(3)(f), rionida Statutes. I further centry that the information in acaded 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 607, Florida Statutes; and that my name appears in Block 12 or Glock 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIREC

3/12/87 99(42(44)