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PROFIT CORPORATION ANNUAL REPORT

1997



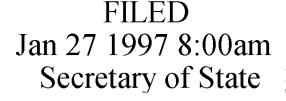
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300004359 (4)

RAYMOND HENDERSON, M.D., P.A.



Change

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Addition

Addition

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| Principal Place of Business ST. MARY'S MEDICAL PAVILION #206 WEST PALM BEACH FL 33407 US 2. Principal Place of Business 21 Suite, Apt #, etc 22 | | Mailing Address ST. MARY'S MEDICAL PAVILION #206 WEST PALM BEACH FL 33407 US 26. Mailing Address 26 Suite, Apt. #, etc. | | | 3. Date incorporated or Qualified 01/20/1993 03/20/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Regulred | | | | |
|--|---|---|----------------|-----------------------------------|---|--|-----------------|-----------------|------------------------------------|
| City & Sta | U4 NV AME do Miles | City & State | ··· | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | May Be o Fees |
| Zip 24 | Country 25 9. Name and Address of Curr | Zip 29 ent Registered Agent | 30 Co | untry | | 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Rec | Yes [| No | 199.032, |
| #20 WEs | ST PALM BEACH FL 33407 It to the provisions of Sections 607.09 | te of Florida. Such change wa | s authorize | ed by | City e-named corp | ess (P.O. Box Number is Not Acceptable poration submits this statement for the prion's board of directors. I hereby accep | FL urpose of | changing it | Code s registered registered |
| SIGNATURE | Signature type dior partical name of regelected a | igent and the it applicable (N | IOTE Riogister | ed Age | mi signalure requi | ed when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | • | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D HENDERSON, RAYMOND MD 927 45TH #208 WEST PALM BEACH FL | [] DELETE | 1.2 / | TITLE NAME STREET DITY-S | ADDRESS J. ZIP | | | Change | Addition |
| TITLE NAME | | DELETE | 2.1 | TITLE NAME | | | | Change | Addition |
| STREET ADDRESS | , | | 2.3 5 | STREET | ADDRESS | T. | 54 | | |
| CITY - ST - ZIP TITLE NAME | | DELETE | 3.1 1 | CITY-: TITLE NAME | ST-ZIP | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 5 | | 3.3 9 | STREET | ADDRESS ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 | TITLE NAME | 21 20 | | | Change | Addition |

14. If do 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 requiremental annual report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attractiment with an address.

4.3 STREET ADDRESS 4.4 City-St-Zip

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 JITL€

6.2 NAME

DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

VATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR