## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000033044 (7)

GEORGE M. STOREY, M.D., P.A.

Frincipal Flace	e of Busines	8		Mailing Address								
3920 BEE RIDG	E RD			1762 MEADOWOOD ST								
BLDG. M				rasota fl. 34231- <b>30</b> 1	14							
SARASOTA FL	34233		US	j						r		
US								3. Date Incorporated of 05/03/1993	' Qualified	3a, Date 05/30		eport
2. Principal Pl	lace of Busin	noss	2a.	Mailing Address				4. FEI Number			Ap	plied For
21 4000 Sawyer Road				26 4000 Sawyer Road				58-1559893			No	t Applicable
Suite, Apt. #, etc				Suite, Apt #, etc.						m	\$8.75	Additional
22				27				5. Certificate of Status	Desireo		Fee Re	
City & State				City & State				6. Election Campaign F	inancina	<del></del>	\$5.00	May Be
23 Saras	sota, FL			28 Sarasota, FL			Trust Fund Contributi	_	Added to Fees			
Z(p	1	Country		Zip	Country			8. This corporation has	liability for in	tangible ta	cunder s	199.032.
34233	3	25 UŚA	29	34233	30	US	A	Florida Statutes		Yes 🔲		. (**********
<del>=</del> ~1	9. Name	and Address of C		itered Agent		Ť	**	10. Name and Address				
STO	REY, GEO		<del></del>			81	Name		-			
	MEADOW											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					82 Street Ad			ddress (P.O. Box Number is N	ot Acceptable	e)		
) SAN	ASOTA FL	34231				83						
						63						
						84	City			_, [	85 Zip (	Code
										#L.		
11. Pursuant t	to the provis	ions of Sections 60	7.0502 and 6	07.1508. Florida Stati	utes, the	above	e-named d	corporation submits this statem pration's board of directors. I h	ent for the pu	irpose of ch	nanging it	s registered
office or re agent. Lar	ogistered ag ru familiar w	jent, or bom, in the thi and accept the	State of Front obligations of	da. Such change was f. Section 607.0505, f	s autnoriz Florida St	zeo by tatutes	/ <b>the</b> corp: 3.	oration's board or directors. The	ereby accepi	tine appoin	itmeni as	registered
SIGNATURE								·				
	Stgrature, typed	or project can ending ofer					ent signature r	equired when reinstating)	2 TO OFFICE	DATE DO AND D	PECTOR	O IN 12
12.		OFFICE	S AND DIREC	DELETE	13	***************************************	·····	ADDITIONS/CHANGE	S IO OFFICE		Change	Addition
TITLE	OTABEV	OFORGE M				TITLE				L.	J Clidnys	☐ Mannon
NAME	STOREY, GEORGE M 1762 MEADOWOOD ST			12 NAME			[					
STREET ADDRESS				1.3 STREET			ADDRESS					
CITY-ST-ZIP	SARASO	IA FL		· · · · · · · · · · · · · · · · · · ·	*******	CITY-S	T-ZIP					
THTLE	S			C OELETE 2						L	] Change	Addition
NAME		MAURICE W										,
STREET ADDRESS	1762 ME	adowood St					ADDRESS					
CHY-ST-ZIP	SARASO'	TA FL				4 CITY - S						
TITLE	7		··	DELETE		TITLE	-				Change	☐ Addition
NAME				<del>_</del> - ·		NAME					-	_
							***************************************					
\$TREET ADDRESS							ADDRESS					
CITY-ST-ZIP				ACCTE		CITY-	ST-ZIP				1 61	
TITLE				DELETE	1	TITLE	}			L.	_ Change	Addition
NAME					4. 2	2 NAME						
STREET ADDRESS							ADDRESS					
CHY-ST-7/P			_		4.4	CITY-S	ST-ZIP					
TITLE				☐ DELETE		TITLE					Change	Addition
NAME					5.2	NAME.						
STREET ADDRESS							ADDRESS					
							- 1					
CiTY - S1 - ZiP		.,		DELETE		CITY-S	21 - 111.				Change	Addition
TITLE	1			( DECEN	- 1	TITLE	}			h	) Amande	L.J. Nounion
NAM <del> (</del>					6.2	2 NAME	ĺ					
STREET ADDRESS					6.3	STREET	ADDRESS					
D.T. 61 700	l						** **n					

14. I do nereby 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 607, Florida Statutes; and that my name