SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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DOCUMENT #	P93000043470 (2)	
Martha M. Pilapii	, M.D., P.A.	
Principal Place of Business	Mai¹ing Address	
175 US HWY 17 NORTH BARTOW FL 33830	175 US HWY 17 NORTH BARTOW FL 33830	
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	of Business	· ·			
175 US HWY 17 NORTH BARTOW FL 33830		175 US HWY 17 NORTH BARTOW FL 33830			
				3. Date incorporated or Qualified 06/14/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3193686	Not Applicab
Suite, Apt #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
3		28		Trust Fund Contribution	Added to Fees
Z <sub>I</sub> p	Country	Zιρ	Country	8. This corporation has liability for in	
1	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren	t Hegisterea Agent	B1 Name A	10. Name and Address of New Reg	N O LOO
	APIL, GEORGE		\ \	ARRIHA M. PIL	A PIL MU PA
	5 US HWY 17 NORTH RTOW FL 33830		173	lress (P.O. Box Number is Not Acceptable)	e) 17 Houth
_			83 Ba	ntow Fl.	
			84 City 6	autow	FI 85 33830
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	ites, the above-named corr	poration submits this statement for the pu	rpose of changing its registered
office or re	igistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized by the corporat	ion's board of directors. Thereby accept	the appointment as registered
agent Lan	A	الأماضيا أنسسا	MA A G	The Relocation	P.P.A 6-10-96
		lapil MO PA.	OTE Bed secon Agent speakure regu		04/6 0-10-10
	Signur de 1774ed or perded name of registered ager OFFICERS ANI	ntand the Lappicalis. (No	OTE Brig styred Agent signature requ	ired when reimstating)	OA't
2.	Signature, typed or printed name of registered ager	et and the complication (No DIDIRECTORS	OTE Brig seried Agent signature requirements 13.		ERS AND DIRECTORS IN 12
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torring certify that the Photomation indicated on this arrival report or supplierterial annual report is true and accurate and that my signature shall have the same required to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Binck 12 or Block 13 if changest or on an attachment with an address.

SIGNATURE: MARITHA MARITH