## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Sep 05 1997 8:00am

Secretary of State

(B13)

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000045045 (0)

	ENCY M	EDICAL RESOURC	CES CO	RP.							
Principal Place of Business 348 MIRACLE STRIP PKWY., S.W.				ling Address	3					DE COULTRA	E
				348 MIRACLE STRIP PKWY., S.W.							
SUITE 26 FT. WALTON BEACH FL 32548			SU	SUITE 26 FT. WALTON BEACH FL 32548							
									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  38. Date of Last Report		
US			US	ı				3. Date Incorporated or Qualified			•
A Dringing D	one of Duni		20	Mailina Adde				<b>06/21/1993 4.</b> FEI Number		2/13/ <sub>1</sub> 1996	polied For
2. Principal Place of Business 21			<b>├</b> ──┐	2a. Mailing Address				· ·		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			65-0441574		\$8,75 Additional Fee Required			
						5. Certificate of Status Desired	L.J				
City & State	-			City & State	• • • • • • • • • • • • • • • • • • • •			6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country		Zıp		Country	/	8. This corporation owes or has	paid the cu	ırrent year İn	tangible
24		25	29		[:	30		Personal Property Tax due Ju	•		□No
	9. Name	and Address of Curre	nt Registe	ered Agent				10. Name and Address of New I	Registered	Agent	
CIII	NCHY III. I	RICHARD A				81	Name				
CLINCHY III, RICHARD A 6814 TIDEWATER DRIVE						82	Stroot Add	dress (P.O. Box Number is Not Accept	table)		
	/ARRE FL					62	JUGGI AUL	агоза (со. вох пилноен в пил Ассері	iaulo;		
, 411	· · · · · · · · · · · · · · · · · · ·					83					
						-	04.			lee Si	Cado
						84	City		FL	85 Zip	Code
11. Pursuant to office or re	egistered a	gent, or both, in the State	e of Florida	a. Such chan	nge was a	uthorized by	y the corpora	ation's board of directors. I hereby acc	cept the ap	pomunem as	registereu
SIGNATURE		d or printed name of registered ag	gent and title it	applicable.		Registered Age		rporation submits this statement for the ation's board of directors. I hereby accurred when reinstating)	DATE		
SIGNATURE	Signature, types		gent and title it	applicable.	(NOTE	Registered Age			DATE	ID DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, types	d or printed name of registered ac OFFICERS AN	gent and title it	applicable.	(NOTE	Hegistered Age		vired when reinslating)	DATE		
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