


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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000052041 (9)**  
 1. Corporation Name  
**CENTRAL MEDICAL CLINIC, INC.**



Principal Place of Business 4527 US 19 NEW PORT RICHEY FL 34652	Mailing Address 4527 US 19 NEW PORT RICHEY FL 34652
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4770 US 19 Suite, Apt. #, etc.		2a. Mailing Address 26 4770 US 19 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/23/1993	
22		27		4. FEI Number 59-3193826	
23 New Port Richey, FL City & State		28 New Port Richey, FL City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 34652 25 USA Zip Country		29 34652 30 USA Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent EMANDI, RICH 5723 WESTSHORE DR NEW PORT RICHEY FL 34652				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EMANDI, RICH 5723 WESTSHORE DR NEW PORT RICHEY FL 34652				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Rich Emandi **RICH EMANDI, PRESIDENT** DATE 4/28/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P EMANDI, RICH 5723 WESTSHORE DR. NEWPORT RICHEY FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<del>EMANDI, RICH</del>	2.1 TITLE	V EMANDI, SANJAY
NAME		2.2 NAME	5723 WESTSHORE DRIVE
STREET ADDRESS		2.3 STREET ADDRESS	NEWPORT RICHEY, FL 34652
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rich Emandi **RICH EMANDI, PRESIDENT** DATE 4/28/98 800-957-7301

CR2E034 (10/97)