FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT Sandra B. Morti

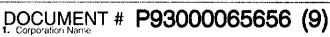
Secretary of Sta

DIVISION OF CORPOR NS

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FILED Jan 31 1997 8:00am Secretary of State

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DALE WIETHOLTER, M.D., P.A.

Principal Plac 8782 ESTATE (WEST PALM B US		Mailing Address 8782 ESTATE DRIVE WEST PALM BEACH FL 33411-8597 US						
					3. Date Incorporated or Qualified 09/21/1993	3a. Date of 05/31/19		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FE! Number 65-0435640		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional Fee Required	
City & State		City & State		+*************************************	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
Zip 24	Country 25	Zip 29	30 Cox	ry		Yes 🔯 No		
·	9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Reg	Istered Agent		
WIETHOLTER, DALE 8782 ESTATE DRIVE WEST PALM BEACH FL 33411				31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33				
				4 Oity		FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the appendict of 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 States.								
SIGNATURE	5	010	<u></u>		·			
12.	Signature Typed or professioname of registered ag	ID DIRECTORS	TE Register A	gent signature require	ADDITIONS/CHANGES TO OFFICE	DATE	CTORC IN 10	
TITLE	PD	DELETE	1.1 T LE		ADDITIONS/CHANGES TO OFFICE		hange Addition	
NAME	WIETHOLTER, DALE		1.2 N.M			ال ليسا	mile Novion	
STREET ADDRESS	8782 ESTATE DRIVE			ET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.5 City					
TITLE		☐ DELETE	21 TITLE	······		Cr	hange Addition	
NAME			2.2 NAM	i			Dings Control	
STREET ADDRESS			•	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY			•		
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STREET ADDRESS				ET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY	i	1		1	
TITLE		DELETE	6.1 TITLE			□ ci	nange Addition	
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS			j	
CITY-SI-ZIP			6.4 CITY					
	ov certify that the information supplie	ed with this filing does not qual			in Section 119 07(3)(i) Florida Statutes	I further certif	y 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.