

APPROVED
AND
FILED

07-11-1968

SECRET



1. 凡在本行开立存款账户的存款人，均可申请开立支票账户。
 2. 支票账户的开立，须由存款人填写支票账户申请书，并提供下列资料：
 (1) 存款人有效身份证件；
 (2) 存款人最近一个月的工资或收入证明；
 (3) 存款人最近一个月的银行对账单；
 (4) 存款人最近一个月的信用记录。

MEDICAL BUILDING MANAGEMENT CORPORATION

~~7300 SAND LAKE COMMONS BLVD~~
SUITE 227
ORLANDO FL 32819

3. Date of Birth	11/19/1993	3a. Date of Birth Report	10/11/1994
4. Fingerprint	59-3215569		Arrested by Post Identification

5. ☐ **Check for sale of related property:** ☐ **\$8.75 Additional Fee Required**

6. Foster Campaign Fund and Trust Fund Contribution	\$5.00 May Be Added to Fees
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8. The following are the names of the persons who have been appointed as members of the Board of Directors of the Corporation:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATERBAUM, CARL
7300 SAND LAKE COMMONS BLVD.
SUITE 227
ORLANDO FL 32819

01	Name
02	Street Address (Box) Box Number (not A or C) Zip
	8809 Commodity Circle

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11. The company's management is not responsible for the preparation of the financial statements. The auditor's responsibility is to express an opinion on the financial statements based on the audit evidence obtained. The auditor's opinion is based on the audit evidence obtained and is not a guarantee of the financial statements. The auditor's opinion is based on the audit evidence obtained and is not a guarantee of the financial statements.

Small Business **X**

D
GATERBAUM, CARL
7300 SAND LAKE COMMONS BLVD. #227
ORLANDO FL 32819

D
MORILLO, J L
7300 SAND LAKE COMMONS BLVD. #227
ORLANDO FL 32819

13.	ADDITIONAL COMMENTS: Commodity Circle
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8809 Commodity Circle

~~2009 Commodity Circle~~

[illegible]

1. 姓名: 2. 性别: 3. 年龄: 4. 职业: 5. 电话: 6. 地址: 7. 邮编: 8. 电子邮箱: 9. 其他:	10. 姓名: 11. 性别: 12. 年龄: 13. 职业: 14. 电话: 15. 地址: 16. 邮编: 17. 电子邮箱: 18. 其他:
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$$f_{\alpha} = \frac{1}{n} \sum_{j=1}^n f_j(x) = \frac{1}{n} \sum_{j=1}^n \left(\frac{1}{m} \sum_{k=1}^m f_k(x) \right)$$

14. I, _____, certify that the information supplied with this form is voluntarily furnished and is true and complete to the best of my knowledge and belief. I further certify that the information made available to the district report or supplemental annual report is true and complete and that my signature shall serve the same purpose as if made under oath. I agree that the use of this information for purposes other than those for which it was originally submitted is beyond the control of the person who furnished the information and that the use of the information for such other purposes will not constitute an admission.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF HIGHWAY DESIGNER OR INSPECTOR

5-1-95