FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000088705 (7)

ORLANDO-ALTAMONTE OB/GYN ASSOCIATES, P.A.

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Principal Piace of Business Mailing Address 901 DOUGLAS AVE 901 DOUGLAS AVE							DI 18111 1881)	***************************************	
	E SPRINGS FL 32714	901 DOUGLAS AVI ALTAMONTE SPRII							
A D	12		1. Tarada la la cala		3. Date Incorporated or Qualified 12/20/1993	3a. Date of 01	Last Repo /19/199		
	oce of Business 0064.45 AVE		28. Mailing Address 26. 693 DOUFLAS AUE			4. FEI Number Applied S9-3215207 Not App			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be		
Orty & State		}ı · ·			6. Election Campaign Financing	П			
Zip	Country		Countr	у	Trust Fund Contribution 8. This corporation has liability for		Added to		
24	25	29	30		Florida Statutes 💥 Yes	□No		0.002,	
	9. Name and Address of Curr	rent Registered Agent	81	1 Name	10. Name and Address of New F	legistered Ag	ent		
BEVITZ	, BRUCE S		Ĺ						
901 DOUGLAS AVE			82 Street Add		Address (P.O. Box Number is Not Acceptate	ole)			
ALTAM	ONTE SPRINGS FL 32714		83	3					
			84	City		FI	85 Zip C	ode	
11. Pursuant to	o the provisions of Sections 607.09	002 and 607.1508, Florida Statu	ites, the above	named co	orporation submits this statement for the pur board of directors. I hereby accept the app	<u> </u>	<u>l</u> ing its regi:	stered office	
familiar wit	n, and accept the obligations of, Se	ection 607.0505, Florida Statute	ized by the corp 98	porations	neard of directors. I hereby accept the app	ointment as rec	jistered ag	ent, fam	
SIGNATURE _	Signature, typed or portled harder of regulared as	and developing the stands as a first section of	one of the state of		tajonent when rematching)				
12.		AND DIRECTORS	13.	or Esignature r	ADDITIONS/CHANGES TO OFF	CA'E ICEHS AND D	BECTORS	Addition	
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14. I do hereby	certify that the information supplied	d with this filing is voluntarily for	nished and doc	es not qua	lify for the exemption stated in Section 119.	07(3)(k), Florida	Statutes.	I further	
oaun; maci	ann an onicer or pirector of the for	poration or the receiver of trust	ee empowered.	ue and ac to execut	curate and that my signature shall have the e this report as required by Chapter 607, Flo	same legal effe prida Statutes;	et as if ma and that m	ide under ly name	
appears in	Block 12 or Block 13 if charged, c	or on an altach dent with an add	iress.		41.1				
SIGNATI	URE: MAN	ce jours in			7/4/56 4	VI- 862	!- 864	13	
- -		OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR		Date		e Phone ≬		