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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCH IMENIT #

	AN R. MARCOL, M.D., P.A	4.					
Principal Place	of Business	Mailing Addres	s	4 LOGICADY IIN LAIDE (SHI) BOID #84	ii Odiii Bolgi (Çii		1 10010 1141 1870
1700 S.E. HI	LLMOOR DR.	1700 S.E. HIL	LMOOR DR				
SUITE 301 PORT ST. LUCIE FL 34952		SUITE 301					
PORT ST. LL	UCIE FL 34952	PORT ST. LU	ICIE FL 34952	Date Incorporated or Qualified	1 no 10-4-		
				12/29/1993	3a. Date 06	of Last R /09/19	
ר	ace of Business	2a. Mailing Add	fress	4. FEI Number	_1, _,	· · · · · · · · · · · · · · · · · · ·	Applied For
l		26		65-0469904			Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. 4	#, etc.	5. Certificate of Status Desired			Additional
City & State	3	City & State			<u> </u>		Required
		28	•	6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	Zip	Country	This corporation has liability for	intanoihlo tav		
<u></u>	25	29	30		iritarigibie tax s □No	unud S	100,002,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New I		gent	
			81 Names	Jean Kohl Tr.			
	ACK ESQ.		82 Street Ado		ble) •		
	. PORT ST. LUCIE BLVD.		50	tress IPO. Rox Number is Not Accental	rect		
PORT S	T. LUCIE FL 34984		83	to 10-7			
			84 0			85 Zij	o Code.
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or registere	ed agent, power, in the State of He	o2 and 607,1508, Florid vida∕ Sucb∕change was	da Statutes, the above named corpo authorized by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of char pointment as r	iging its r eaistered	egistered office
familiar wit	th, and a feet the obligations of feet	o li in 601 0505. Elorida	Photodon			081010100	
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SIGNATURE:

SIGNATURE AND WED OR PRINTED NAME OF SIGNING OFFICER OF BRECTOR

407.466-7499 Daytime Phone #