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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name P94000010359

MEDICAL.	PROFESSIONAL.	CRRVICEC	TNC
THEFT	LVALEDOTANAL	DEKATOED.	TNC.

Principal Place of Business 49A East Third St. Apopka, FL 32703

Mailing Address

200 S. Orange Ave. Suite 2300 Orlando, FL 32801-3432

				02/02/94	02/24/95	
2. Principal Pla		2a. Mailing Address		4. FET Number	Applied For	
21 49A F	Cast Third St.	26 200 S. Ora	nge Ave.	59-3223547	Not Applicable	
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27 Suite 2300			Fee Required	
City & State		City & State	_	6. Election Campaign Financing	\$5.00 May Be	
	a, FL	28 Orlando, F		Trust Fund Contribution	Added to Fees	
Ζφ 24 32703	Country	Zip	Country	8. This corporation has liability for in		
24 32703	25 9. Name and Address of Current F	29 32801 – 3432	30	Florida Statutes X Yes	. —	
R1 Name						
	, Ruth K.		A	G.C. Co.		
783 Cre	783 Crepe Myrtle Circle			et Address (P.O. Box Number is Not Acceptable)		
Apopka,	Apopka, FL 32712			00 S. Orange Ave.		
				uite 2300		
			84 City		85 Zip Code	
11 Pursuant to	o the provisions of Sections 607 0502 or	nd 607 1508 Floredo Statuto		rlando ration submits this statement for the purp	FL 32801-3432	
or registere	ed agent, or both, in the State of Florida.	Such changezhas authorize	is, the above traffict corporation's boat	ration submits this statement for the purp and of directors. Thereby accept the appo	iose of changing its registered office intrient as registered agent. I am	
tarriller With	A and agreet the obligation of a chor	(607.050h, Fordia Starifes.		_ 1	n. bi	
SIGNATURE		Ace President	PUQ TIO	3/c	16/16	
12.	OFFICERS AND D		I 13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	P/T/D	[]] DELETE	1 1 THUE P	/s/t/d	★ Change Addition	
NAME	Stewart, Ruth K.		1.2 NAME	767170		
STREET ADDRESS	783 Crepe Myrtle Cin	rcle	1.3 STREET ADDRESS			
CITY-ST-ZIP	Apopka, FL 32712	·CIC	1.4 CHY-\$1-ZIP			
TIFLE		DELFTE	2 1 TilleF		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
City St-ZiP			2.4 CiTY - S1 - ZiP			
TILE		DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADERESS			
CITY - ST - ZIP			3.4 Cli Y - S* - 7(°			
TITLE		☐ DELETE	4 1 11 LE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	กกกกกรร	0110	
CITY-ST-ZIP			4.4 C(TY - S1 - 7(P)	00000177 04/05/960100 ***200	***	
TITLE		DELETE	5 1 TITLE	***200.00	Change Addition	
NAME			5.2 NAME	1.00100		
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZP			5.4 CITY - \$1 - ZIF	· · · · · · · · · · · · · · · · · · ·		
TOTLE		DELETE	6 17111.6		Change Addition	
NAME			6.2 NAM(
STREET ADORESS			6.3 STREET ADDRESS			
CITY SI-ZIF	Tables California de la companya de		6.4 CI 'V - ST - ZIF'			
ceruiv that	the information indicated on this annual i	1900rt or supplemental annu	ai report is true and accura	or the exemption stated in Section 119.0 ate and that my signature shall have the s	and local effect so if made under	
oath; that I	am an officer or director of the corporati	on or the receiver or trustee	empowered to execute this	is report as required by Chapter 607, Flor	ida Statutes; and that my name	

oath; that I am an officer appears in Block 12 or E SIGNATURE:

SIGNING OFFICER OR DIRECTOR

3/28/96

3. Date Incorporated or Qualified 38. Date of Last Report

407-889-500