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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business
1200 S. FEDERAL SHY

P94000016788 (9)

Mailing Address

20281 N.W. 8TH ST.

WOOLBRIGHT MEDICAL ASSOCIATES, INC.



DOYNTON DE	EACH FL 33435	PEMBROKE PINES	TL WOLF			12 5 7	at Dags d	
US US	LACITE GOTOS				3. Date Incorporated or Qualified 03/03/1994	3a. Date of La 01/20	0/1995	
Principal Plac	re of Business	2a. Mailing Address			4. FEI Number		Applied For	
		26			65-0489191		Not Applica	
Suite Apt #, etc		Suite, Apt. #, etc.	· }		5. Certificate of Status Desired		3.75 Additional Fee Required	.1
City & State		City & State			6. Election Campaign Financing		5.00 May Be	
		28			Trust Fund Contribution		Added to Fees	
Z(p)	Country	Zip	Cou	ntry	8. This corporation has liability for in Florida Statutes Yes		ders 199.032,	
	25	29]	30		Florida Statutes		ıt	
	9. Name and Address of C	urrent Hegistered Agent		81 Name	IO. Hamb and Addition of their th			
YVES JO				82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	I.W. 8TH STREET			83				_
PEMBRO	OKE PINES FL 33029						1 = 5 :	
				84 City		FI 85	Zip Code	
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14. Endo hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 1.19 07(3)(K). Florida Statutes, 1 furnished and does not qualify for the exemption stated in Section 1.19 07(3)(K). Florida Statutes, 1 furnished and that my signature shall have the same legal effect as if made under coall; that I am an officer or need to of the corporation or the receiver or frustee 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 attacher int with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTECHAME OF SIGNING OFFICER OR DIRECTO

2/2/96 954-764-04 07