SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P94000 A MEDICAL NORTH BAY, IN								
Principal Place of Business Mailing Address									// // /// //
1751 - 1ST AVE N SUITE 221 ST PETERSBURG FL 33713		1751 - 1ST AVE N SUITE 221 ST PETERSBURG FL 33713		DO NOT WRITE	IN THIS S	SPACE			
						3. Date Incorporated or Qualified 04/14/1994	1	te of Last F	Report
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3236857			ot Applicable	
22	#, etc.	27			Certificate of Status Desired		7	Additional equired	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Ele				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country Zip		Cour	itry		6. This corporation owes or has paid the current year Intangible			
24 25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
JAC	KSON, DAVID			81	Name				
1751 - 1ST AVE N			ļ.,	82	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 221			L		Street Addi	ess (F.O. Box Normber is Not Acceptab	10)		
ST I	PETERSBURG FL 33713		['	B3					
			-	84 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	ites, the ab	ove	-named corp	oration submits this statement for the p		changing i	its registered
office or r	egistered agent, or both, in the State of military with, and accept the obligation	of Florida, Such change was ions of Section 607,0505, F	authorized Iorida Stati	by	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	the app	ointment as	registered
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70.1021 00010	.,					
Signature, typed or printed name of registered agera and title if applicable (NOTE:				Registered Agent signature requir			DATE	DIDECTO	
12.	D OF ICERS AND			13. 1.1 THE		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	Addition
NAME	JACKSON, DAVID F	Otten		1.2 NAME				Onlingo	rodition
STREET ADDRESS	1751 - 1ST AVE N	- 1ST AVE N		1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.4 CITY-ST-ZIP		- Z (P				
TITLE	D	_		2.1 TITLE 2.2 NAME				☐ Change	Addition
NAME	LUFKIN, LOIDA S								
STREET ADDRESS	1751 - 1ST AVE N ST PETERSBURG FL 33713			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	3) PETENSBUNG PE 33/13			2. 4 CITY - ST-ZIP 3.1 TITLE				Change	Addition
NAME			3.2 NAME					- Onungo	L. Manon
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		34		3 4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TeTLE					Change	Addition
NAME			4. 2 NA	4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CIT		- ZIP			Change	Addition
TITLE NAME		First Dece (E		5.1 TITLE 5.2 NAME		•		∟ Unange ✓	ווטומוטא נ - t .
STREET ADDRESS				5.3 STREET ADDRESS				1	> 12/197
CHTY-ST-ZIP				5.4 CITY-ST-ZIP					ali,
TITLE	12. , , , , , , , , , , , , , , , , , , ,			61 TITLE			,	Change	Acidition
NAME	e transition of the contract o		6.2 NA	ΜE		50000229 -09/22/970100		37.53) 12	
STREET ADDRESS	•		6.3 STR	6.3 STREET ADDRESS		***550.00	ال ساد	·-	
CITY OF PID .			CAPIT						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee 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 attachment with an address.

9/10/02

FILED

Sep 17 1997 8:00am

Secretary of State