FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

FILED

Aug 05 1997 8:00am

Secretary of State

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035832 (2)

WILLIAM B. HEARN, D.O., P.A.

Principal Plac 14111 JOEL O LARGO FL 346	OURT	Mailing Address 14111 JOEL COURT LARGO FL 33774-5107				
					3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last Report 10/09/1996
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3283467	Applied For Not Applicable
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Suite, Apt. #, etc.	o, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country		Trust Fund Contribution	Added to Fees
Ζιρ 24	25	29	30		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔽 No
_ 	9, Name and Address of Cur				10. Name and Address of New Reg	
MAC	RQUARDT, EMIL C JR.		81	Name		
	CLEVELAND ST.			Ct	(D.O. Day Mark to Mark Assessable)	1-1
SUITE 800			82	Street Addr	ess (P.O. Box Number is Not Acceptable	(6)
	ARWATER FL 31815		83			
V			-	6:		
			84	City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- Signalure, typed or proted name of registered		s authorized by Florida Statutes		oration submits this statement for the pi ion's board of directors. I hereby accep	t the appointment as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	HEARN, WILLIAM B		1.2 NAME	Ì		
STREET ADDRESS	14111 JOEL COURT		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		1.4 CITY - ST	- ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE			Change Addition
NAME	KELLER, PATRICIA		2.2 NAME			
STREET ADDRESS	14111 JOEL COURT		23 STREET A	ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		2 4 DITY-S	r-ZIP		· .
TITLE		DELETE 3:				☐ Change ☐ Addition
NAME				-		
STREET ADDRESS			3.3 STREET /	ADDRESS		
CITY-ST-ZIP			3.4. C/TY- \$1	- 7IP		
TITLE	ļ	☐ DELETE	4.1 THLE	ł		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET /			
CITY-ST-ZIP		C proces	4.4 CITY-ST	- ZIP		Observe T Addition
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREFT A	ţ		
CITY-ST-ZIP			5.4 DITY-ST	- ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET A	ADDRESS		

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, if 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 price receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name