FILE NOW: FILING FEE AF ER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000043977 (5)

CHRISTINE S. FAWCETT, ARNP, MSCS, INC.

Principal Place of Business

Mailing Address

9531 HAWKSMOOR LANE SARASOTA FL 34238 9531 HAWKSMOOR LANE SARASOTA FL 34238

FILED Jul 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified			
					06/13/1994			
2. Principal Pl	ac e of Business	2a. Mailing Address	\ /		4. FEI Number		Applied For	
21		26 POBOX G	776		65-0513445		Not Applicable	
Suite, Apt. 6	#, etc.	Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State 28 OSBVCU			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the cur	rent year I		
24 25 29 34 229 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
		ur uedistelen Wählir	8	1 Name 1	4	- Agorit		
Unitioning 3. TANICE IT					"("hristing to Sventons			
9521-HAWKSMOOR LANE				Street Address (P.O. Box Number is Not Accountable) 2613				
SARASOTE FL 342981				74	89 MULLIANCE 18VWG	, 20	312	
*			8	31				
			8	4 City	 	85 Zis	p Code	
					iasota FL	.] 3	<u>4238</u>	
nttice Tor 14	e dister ed enonl. Of DOTA in the State	e of Fiorida, Such change was .	AUTHORIZACI I	ov ine corpora	rporation submits this statement for the purpose of alion's board of directors. Thereby accept the app	changing	its registered as registered	
agent. 1 ar	m familiar with and accept the oblig	ations of Section 607.0505, FI	orida Statut	es.	and the board of different tribines, accept the app		10 10 g .010.00	
SIGNATURE	_ Christa	et oneno	<u></u>					
	B			gent signature requ	gired whon reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P Svenson, Co	Ucstueti Delle	1,1 TITLE	Ι.	· A7/	Change	Addition	
NAME GAWCETT, CHRISTINE S			1.2 NAM		P 0130×11 15-			
STREET ADDRESS	9531 HAWKSMOOR LANE		1.3°STRE	ET ADDRESS	OSMCH FL 34279			
CITY-ST-ZIP	SARASOTA-FL		1.4 CITY	ST-ZIP	auca m. Maruk	Du	NC 2613	
TITLE		DELETE	2.1 TITLE		TTO THEE EN 24	☐ Change	Addition	
NAME			2.2 NAMI	:	Salasota, FL 342	~3 <i>8</i>		
STREET ADDRESS	•		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 City	-ST-ZIP				
TITLE	DELETE 3,1		3.1 THLE			Change	Addition	
NAME	3		3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE	DELETE 4.		4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAM	ε				
STREET ADDRESS			4.3 STRE	ET ADORESS				
CITY-ST-ZIP	_		4.4 CITY	ST-ZIP				
TITLE			5.1 TITLE			Change	Addition	
NAME	•		5.2 NAMI					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	61 TITLE			Change	Addition	
NAME			62 NAM		900 00258233 -07/08/980101109	39	AV 1	
STREET ADDRESS				et address	-07/08/980101109	i0	1/2/	
			64 CITY	I	***150.00		, d. ,	
CITY-ST-ZIP			DACILY	31.7L			 	

14. I 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.

CIONATURE:

Wysty F Suguer

4/30/98

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