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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000070004 (4)

MID FLORIDA MEDICAL, INC.

394 SEMINOLE AVE LAKE MARY FL 32746 US

Principal Place of Business

Mailing Address

394 SEMINOLE AVE LAKE MARY FL 32746



US		US			L				
					 Date Incorporated or Qualified 09/22/1994 	3a. Date of Last Report 05/16/1995			
2. Principal Pla	ce of Business O HOLBROOK CURUE	2a. Mailing Address	953	ลุดป	4. FE! Number 59-3304383	Applied for			
Suite, Apt. #		Suite Apt. #, etc 27	<u>,, </u>	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City			MARY FLORIDA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 327	Ho 25 USA	Zφ 29 32:765-3294	Country 30		8. This corporation has liability for it	ritangible tax under s. 199.032,			
	9. Name and Address of Current R		، ت	377	10. Name and Address of New R	9-3			
			81	Name	To. Harris dire Address of Heat P.	ogistereo Agent			
KNIGHT	r, gary								
394 SEMINOLE AVE			82	Street Address (P.O. Box Number is Not Acceptable)					
SUITE	231		83						
LAKE N	IARY FL 32746		84	City		■ 85 Zip Code			
·				1					
			the above in by the corp	named corpo	oration submits this statement for the purp and of directors. Thereby accept the appo	ose of changing its registered office			
SIGNATURE	Tario docopi tric oraganoris di. Dectar	dor.doob. Florida Statutes				and one as registered again. Fam			
12.	ografier <mark>Typed or printed music charged representative resources.</mark> OFFICERS AND D	to dapy atk (NOTE		if agriutora requi	ed when rematatings	DATE			
TITLE	PST OF YOUR AND TO	DELETE	13.		ADDITIONS/CHANGES TO OFFI				
NAME	KNIGHT, GARY	T percie	1 1 THILE		PST	🔀 Change 🔲 Addition			
STREET ADDRESS	394 SEMINOLE AVE		1.2 NAME		NIGHT, GARY				
CITY-ST-ZIP	LAKE MARY FL		13STHEET	ADDRESS (also Hous Rook Clack				
TITLE	V V	F) neutre	14 CiTr - S	iT - ZIP	Ave MARY FL.	30746			
NAME	KNIGHT, MIKE	☐ DELETE	2 1 Trills		O	Change C Addition			
STREET ADDRESS	245 HYDE PARK RD		2.2 NAME						
+	SOMERSET NJ		2.3 SFREET						
CiTY-ST-ZIP TITLE	COMERCE 140	□ DELETE	2.4 CITY -S	T - ZIP					
NAME		L') nere i	3 1 TIILE			Change Addition			
STREET ADDRESS			3.2 NAME						
CITY-ST-ZIP			33 STREET						
TITLE		□ DELETE	3.4 CHY-S	1 - ZiP					
NAME		E3 occess	4 1 TILE			Change			
STREET ADDRESS			4 2 NAME						
CITY-ST-ZIP			4 3 STREET	+					
THILE		DELETE	44 City - S 5 1 Title	I - 21P					
NAME		- Street	5 2 NAME			Change C Addition			
STREET ADDRESS				a forme de					
CITY-S1-ZIP			5.9 STREET						
TITLE		DELETE	5401"Y-S 6 1 TITLE	ZIP					
NAME			6.2 NAME			Change Addition			
STREET ADDRESS			63 STREET	ADDOCC					
CITY-ST-ZIP									
	certify that the information supplied with	this filma is vocantarily furnished	6 4 Cify S	not qualify.	for the exemption stated in Section 119.0	Charles E. C.			

certify that the information isophical with this ining is voluntarily furnished and does not quality for the exemption stated in Soction 119 0?(3)(k). 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 executer 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 (chapter 607). Florida Statutes: and that my name

SIGNATURE:

CARY KNIGHT

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