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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940000
LEHIGH MEDICAL ASSOCIATES, INC.

**FILED** May 12 1997 8:00am Secretary of State

12/12/1994   05/01/1996   2a. Mailing Address   2a. Mailing Addr	2400 E. COMI #315	se of Business MERCIAL BLVD. RDALE FL 33308	Mailing Address CH ATTN: FAX DEPEATE TA: P.O. BOX 15309 DURHAM NC 27704-0309 US	DEPARTM	IEN1					
Principal Pilace of Business   28. Multing Address   28. Select April 4. etc.   28. Select April 4. etc.   28. Select April 4. etc.   29. Select April 5. Certificate of Status Departed   38.75 Additional Page Required   29. Select April 5. Certificate of Status Departed   38.75 Additional Page Required   29. Select April 5. Certificate of Status Departed Official Page Select   29. Select April 5. Certificate of Status Departed Official Page Select April 5.			US						eporl	
Sulfo. Apt. 4, etc.  22   23   27   26   28   27   28   27   28   28   29   29   29   29   29   29	<del></del> 1					4. FEI Number		1	plied For	
27						65-0546082				1
City & State  28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	<del></del>		h-m		5. Certificate of Status Desire	4d 🔲 🔊				
20	City & Stat	le				6. Election Campaign Finance	ina !			
25   29   30   Florido Statutics   Trick   T	23				v					
1.0. Name and Address of New Registered Agent   10. Name and Address o	<del></del>		h						199.032,	
BERGER, JAMES L 100 N.E. 3RD AVE. SURTE 100   FORT LAUDERDALE FL 33301   88   Street Address (P.O. Box Number is Not Acceptable)	24			[30]						
100 N.E. 3RD AVE.   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City	BEI				Name	to, manuality nations of the				
SURE TADORES FORT LAUDERDALE FL 33301  83  84				5	Stroot A	ddrees /P.O. Roy Number is Not Aco	pontoblo)			
11. Pursuant to the provisions of Sections 607.6502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its repistered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objection of 07.6505. Florida Statutes.  SIGNATURE    District				L.		ddiess (r.O. Dox Huiliber is Not Acc	epiable)			
11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Forida Statutes, the store-named corporation submits the statement for the purpose of changing its registered agent, in the State of Florida. Such change was submit provisions aboard of directors. I hereby accept the appointment as registered agent, in the State of Florida. Such change was submit provided by the corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florida. Such change was submit provided agent alm and accept the obligations of Section 607 0505, Florida Statutes.    Interpretation   Interpretation agent and size it explicable.   Politic Flory sheet Agent alignature agented them remained by the corporation's board of directors. I hereby accept the appointment as registered agent, in the appointment agent appointment agent appointment agent appointment agent appointment agent appointme	FOI	RT LAUDERDALE FL 33301		8	33					
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing like registered agent. I am familiar or aboth, in the State of Florida, Schock as submitized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Corporation   Delicity   Delicity				Ĩ	64 City		F-1 8!	5 Zip (	Code	
SIGNATURE    Signature typed or product name of registered agent and site if applicable   (NOTE. Reg Shorter Agent dights)   (NOTE. Reg Shorter Agent dights	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statu	les the abo	we-named c	ornoration submits this statement for	the purpose of che	poing it	o registered	
SIGNATURE    Signature typed or product name of registered agent and site if applicable   (NOTE. Reg Shorter Agent dights)   (NOTE. Reg Shorter Agent dights	office or	registered agent, or both, in the State of	of Florida, Such change was	authorized	by the corpo	oration's board of directors. I hereby	accept the appointr	nent as	registered	
12.		The state of the s	10/10/01/00/01/00/	orda otala	ws.					
TITLE					Agent signature re					
NAME   PONT, EDWIN S. MD   12 MAM!   13 SIREET ADDRESS   2400 E. COMMERCIAL BLVD., SUITE 315   13 SIREET ADDRESS   14 CITY-S1-2IP	<del></del>					ADDITIONS/CHANGES TO			S IN 12	g
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CITY-S1-ZIP			SUITE 315		ł					2
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City-st-zip	NAME			2.2 NAME						
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NAME   SNEDEKER, ANGELA M   32 NAME   2828 CROASDAILE DRIVE   3.3 STREET ADDRESS   CITY-ST-ZIP   DURHAM NC 27705   3.4 CITY-ST-ZIP   Change   Addition			·	2. 4 CiT	r-SI-7IP					
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CITY-S1-ZIP	NAME .	S. Markette		6.2 NAM	E					
	STREET ADDRESS	\$ 1.00 miles		6.3 STHE	ET ADDRESS					
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Information indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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.