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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003494 (8)

THE KIDS' HEALTH TEAM, P.A.

Principal Plac	e of Business		Maili	ng Address						DA ELO INENI A	IIIII aus ie dasii u I	LOLII DEIIL OO	O D THEEL BROKEN S		ł IIII1
2841 NW 41ST ST.				2841 NW 41ST ST.						į					
0.20				STE B GAINESVILLE FL 32606					DO NOT WRITE IN THIS SPACE						
US US					2000				3. Date Incorporated or Qualified						
									01/11	/1995	1				
2. Principal Place of Business			2a. M	2a. Mailing Address					4. FEI Num	ber			-	pplied	
21			26						59-3	288874	1			<u>-</u>	plicable
Suite, Apt. #, etc.			_	Suite, Apt. #, etc.					5. Certifica	te of Statu	s Desired	□	\$8.75	Addit Agulre	
City & State				City & State					C Florier	C-i	Financian				
23				28					6. Election Campaigh Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip		Country		ip		Country					wes or has p	aid the cu	rrent year l	ntangil	ble
24 25			29	 				Persona	l Property	Tax due Jun	ie 30.	Yes	☐ No		
	9. Name a	ind Address of Curre	nt Register	red Agent					10. Name a	nd Addre	ss of New R	legistered	Agent		
DC	OWNEY, KEV	IN I				81	Name								
2631 NW 41ST ST.							Street A	Addres	s (P.O. Box i	Vumber is	Not Accepta	able)			-
	JITE A-2					00									
GA	VINESVILLE F	FL 32606				83									
						84	City					FL	85 Zip	Code	3
11 Pursuant	to the provision	ns of Sections 607.05	02 and 607	1508 Florida	Statutes, the	e above	a-named	corpor	ation submits	this state	ment for the	purpose d	of changing	its rec	istered
office or I	registered age	ons of Sections 607.05 ant, or both, in the Stat h, and accept the oblig	te of Florida.	Such change	was author	ized by	the corp	oration	n's board of c	firectors. I	hereby acce	ept the app	oointment a	s regis	stered
	am ramiliar wid	i, and accept the oblig	galions of, a	CD, 100 11011096	os, Florida c	دعاساهاب									
SIGNATURE	Signature, typed o	r printed name of registered a	gent and title if a	ppilcable.	(NOTE: Regis	stered Age	nt signature	required	when reinstating)			DATE		<u>-</u>	
SIGNATURE	Signature, typed o	r printed name of registered at OFFICERS AT		ORS	1	itered Age	nt signature	required		VS/CHANC	GES TO OFF				
	D	OFFICERS A			TE 1	1 3. .1 TITLE	ent signature	required		NS/CHAN(GES TO OFF		D DIRECTO		12 Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED

Feb 02 1998 8:00am

Secretary of State