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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030893 (8)

THE ROGERS' CLINIC, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address				TRICK MANAN SACIAL	-6162 till 1681	
THE ROGERS' CUNIC. INC. 7626 4TH AVE WEST BRADENTON FL \$4209		THE ROGERS' CLINIC.INC 7626 4TH AVE WEST BRADETON FL 34209				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			ı
2. Principal Pl	ace of Business	2a. Mailing Address				04/11/1995 4. FEI Number		Applied For	4
21 4645	CORTER RO. HEST					65-0579437	-	Not Applicable	,
	W, etc.	Suite, Apt. #, etc.						Additional	1
22 SHUTE	1300 C	27				5. Certificate of Status Desired	Fee	Required	
Chy & State 23 OKAN	enton Fla	City & State				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zin	Country	Ziρ		ıntry		8. This corporation owes or has paid the			ı
24 74 64	9, Name and Address of Current	29 Registered Apent	30	,		Personal Property Tax due June 30. 10. Name and Address of New Registere		∐ No	4
200		r neglatered Agent		81	Name	10. Name and Address of New Registere	U Agent		\dashv
	GERS, CHARLES A SR								_
7626 4TH AVE WEST Bradenton FL 34209				82 Street Address (P.O. Box Number is Not Acceptable)					
	WENT 014 1 E 04208			83					1
				84	City		or i 7	p Code	4
						_ F	L I	•	
11. Pursuant to office or re agent. I an	o the provisions of Sections 60 0502 egistered agent, or both, in the State of in familiar with, and accept the obliga	2 and 607.1508, Florida Statul of Florida. Such change was dions of, Section 607.0506, Fl	tes, the el authorize orida Stat	bove d by lutes.	named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment a	its registered as registered	
SIGNATURE		2			C	HARLES A. BERRY			
	Signature, typod or winled harne of egistered agor			d Agen	t signature require	d when reinstating) DATE			-16
12.	OFFICERS AND	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		- 8
TITLE	DV ST Ro gers, Charles A		1.1 Ti				Et change	: Modificit	1
NAME STORET ADDOCCO	Man		1.2 N	-	\DDRESS				3
STREET ADDRESS CITY-ST-ZIP	BRADENTON FL								ũ
TITLE	PD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition	18
NAME	ROGERS, RUTH O			AME	İ			_	
STREET ADDRESS	7626 - 4TH AVE. WEST				NDDRESS				
CITY-ST-ZIP	BRADENTON FL		- 1	HTY-ST	1				1
TITLE		DELETE	3.1 T(TLE			Change	Addition	1
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	PREET A	ADDRESS				
CfTY-ST-ZIP				ITY-ST	-ZIP			·	_
TITLE		☐ DELETE	4,1 T		-		☐ Change	Addition	
NAME			4. 2 N						
STREET ADDRESS			4		ADDRESS				
CITY-ST-ZIP		DELETE		TY-ST	- ZIP		Change	Addition	┨
TITLE NAME			5.1 T/ 5.2 N/				L. Citarige	L. AUGINON	
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP				INCELA ITY-ST-					
TITLE		DELETE	6.1 TI		£11		Change	Addition	1
NAME			6.2 N/						
STREET ADDRESS			1		ODRESS				1
070/ 07 50			2.00		700				1

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 13 if changed. You an attachment with an address.