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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT **1997**

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034283 (8)

WESTERN COMMUNITIES FAMILY PRACTICE ASSOCIATES OF BELLE GLADE, INC.

10131 W. FOREST HILL BLVD. STE 150 WEST PALM BEACH FL 33414			10131 W. FOREST HILL BLVD. STE 150 WEST PALM BEACH FL 33414-6109								
						3. Date Incorporated or Qualified 04/27/1995	3a. Dal			eport	
2. Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number			Applied For		
21		26				65-0601150			No	t Applicable	
Suite, Apt		Suite, Apt #,	etc.			5. Certificate of Status Desired				dditional quired	
City & State		City & State				Election Campaign Financing Trust Fund Contribution				May Be o Fees	
Zıp 24	Country 25	Zip 29	Coun 30	try		This corporation has liability for it. Florida Statutes	ntangible t Yes	□No			
	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New Re	gistered A	gent			
	in, stuart b		8	81	Name	•					
1551 FORUM PLACE STE 400B WEST PALM BEACH FL 33401				82 Street Address (P.O. Box Number is Not Acceptable						····	
			[33							
			Ĩ	34	City		FL	85	Zip C	Code	
11. Pursuant	to the provisions of Sections 607 earstered agent, or both, in the	7.0502 and 607.1508, Florid State of Florida, Such chan	a Statutes, the above was authorized	ove by	-named corp	oration submits this statement for the p	urnose of	chang	jing its	registered	
agent I a	m familiar with, and accept the o	obligations of, Section 607.0	5505, Florida Statu	tes	i.	ion's board of directors. I hereby accept				- J	
SIGNATURE	Signature, typed or printed name of register	and among and tile if employable	(NOTE Registered	Amer	nt pianas una semuira	ed when reinstatus)	DATE				
12.		S AND DIRECTORS	13.	-Moi	in agracore require	ADDITIONS/CHANGES TO OFFIC		DIREC	CTOR	3 IN 12	
TITLE	D	☐ D€		E	I			Ch		Addition	
NAME	BISHOP, JEFFREY M DR.		1.2 NAN	AE.							
STREET ADDRESS	10131 W. FOREST HILL B	LVD. STE 150	1.3 STR	EET .	ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 3	3414	1.4 CiTY	/-S1	T-ZIP						
TITLE	D	DE	LETE 2.1 TITL	E				Ch	ange	☐ Addition	
NAME	CAMPITELLI, ROBERT DR.		2.2 NAN	AE.							
STREET ADDRESS	10131 W. FOREST HILL B		2.3 STR	EET .	ADDRESS						
CITY+ST-ZIP	WEST PALM BEACH FL 3		2. 4 CIT	Y-\$	iT- ZIP						
TITLE		☐ DEI	LETE 3.1 TITL	E				Ch	ange	Addition	
NAME			3.2 NAN	AE.	1						
STHEET ADDRESS			3.3 STR	EET	ADDRESS						
CHY-ST-ZIP			3.4. CIT	_	IT-ZIP						
TITLE		L∐ DE	LETE 4.1 TITL	E] Ch	ange	Addition	
NAME			4. 2 NAI	ME							
STREET ADDRESS			4.3 STR	EET	ADDRESS						
C:TY+ST-ZIP	17 / Pto 10 / Phillips 5.00 / 1.014 AALIAN		4.4 CITY		T - ZIP						
TITLE		□ DE						Ch	ange	Addition	
NAME			5.2 NAM								
STREET ADDRESS			5.3 STR	EET .	ADDRESS						
C(TY+ST+ZIP			5.4 CITY		T-ZIP						
TITLE		∐ D£	LETE 6.1 TITL	E				Ch	ange	Addition	
NAME			6.2 NAN	Æ							
STREET ADDRESS			6.3 STR	EET :	ADDRESS						

6.4 CITY-ST-ZIP

information indicated on this annual recompor supplemental annual sport 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 circctor of the corporation or the receiver or truebe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do 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