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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTSO NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mohham Secretary of State

1996

P9500053603 (3)

CHINY	ELU A. FARRS, D.O., P.A.							
rincipal Place	e of Business	Mailing Address		-117/200		!!! 00 !!! 00!0 0		
PINEBROOK REGIONAL MEDICAL CENTER 14540 CORTEZ BOULEVARD BROOKSVILLE FL 34613		14540 CORTEZ (PINEBROOK REGIONAL MEDICAL CENTER 14540 CORTEZ BOULEVARD BROOKSVILLE FL 34613					
					 Date incorporated or Qualified 07/12/1995 	3a. Date	of Last F	Report
. Principal Pl.	ace of Business	2a. Mailing Addres	8		4. FEI Number			Applied For
Suite, Apt.	#. etc.	26 Suite, Apt. #, e			59-3324	1812		Not Applicable
		27			5. Certificate of Status Desired			5 Additional
City & State)	City & State	***************************************		6. Election Campaign Financing			Required
		28			Trust Fund Contribution			May Be ed to Fees
Zip	Country	Zip	Col	untry	8. This corporation has liability fo	r intangible ta:		
	25 9. Name and Address of Curren	29	30	T		s 🗌 No		
	5. Hame and Address of Carren	it negistered Agent		81 Name	10. Name and Address of New	Registered A	Agent	
FARRIS.	CHINYELU A D.O.							
PINEBROOK REGIONAL MEDICAL CENTI 14540 CORTEZ BOULEVARD		TER		82 Street Add	lress (P.O. Box Number is Not Accepta	ible)		
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BROOKS	SVILLE FL 34613							
				84 City		FL		p Code
				L L ove-named corpor corporation's boa	ration submits this statement for the pr		nging its r	registered offic
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