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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

## FLED

DOCUMENT # P95000058050  1. Corporation Name NORTH CENTRAL FLORIDA MEDICAL SURGICAL ASSOCIATE S, INC.  Principal Place of Business Mailing Address 7019 SW 11TH PL GAINESVILLE FL 32605  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  3. Duty Incorporated or Qualified (1/25/1995)  4. CELMUNDER  5. Cortificate of Status Desired  3. Duty Incorporated  5. Cortificate of Status Desired  3. Duty Incorporated  5. Cortificate of Status Desired  3. Duty Incorporated  5. Cortificate of Status Desired  5. Cortificate of Status Desired	1999-2000	DIVISION OF C	CORPORATIONS	l l'Ama C:	and like It
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4. I hereby certify that the information supplies with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further centry that the information indicated on this annual report is supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation print receiver of trustee empowered to execute this report as required by that the same legal effect as if made under onto the information of the corporation of the corporation

AND CYPED IN PRINCES NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

12/27/80

Daytime Phone #