FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000065177 (4)

1. Corporation DARLE	NE D. STEVENS, A.R.N.	P., P.A.	,					
Principa ^r Place	of Business	Mailing Address			I (BRIIDE) HU (BIU) DIKII DI	/III	#1001 0 1101 11011	(881) (88) (0 8)
1918 NW 36 COURT 1918 NW 36 COURT FT LAUDERDALE FL 33309-5818 FT LAUDERDALE FL 33309								
					3. Date incorporated or Qui 08/23/1995	alified 3a. Da	te of Last Re	port
Principal Place of Business		2a. Mailing Address 26	— <u> </u>			4. FEI Number Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desi	of Status Desired S8.75 Additional Fee Required			
City & State 23		City & State	▶		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Z(p 24	Country 25	Z ₁ p 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No			199.032,
	9. Name and Address of Cu	rrent Registered Agent		···· · · · · · · · · · · · · · · · · ·	10. Name and Address of	<u> </u>	Agent	
			ε	Name				
	S, DARLENE D V 36 COURT		8	Street Add	ldress (P.O. Box Number is Not Acceptable)			
	DERDALE FL 33309-5818		8	13				
			ε	34 City		FL	85 Zip	Code
or register familiar wit SIGNATURE	to the provisions of Sections 607.0 ed agent, or both, in the State of Ith, and accept the obligations of Security at the children of Security at the things of the Security at the Conference of Security at the Conference of Security at the Conference of the Conference of Security at the Conference of Secu	Florida: Such change was authorize Section 607.0505, Florida Statutes	ed by the co	rporation's boa	ard of directors. I hereby accept to	ne appointment a	s registered	agent. I am
TILF	D	☐ DELETE	1 1 111	.F			☐ Change	☐ Addition
NAME	STEVENS, DARLENE D		1.2 NAM	te				
STHEFT ADDRESS	1918 NW 36 COURT		1 3 STREET ADDRESS					
C-TY-ST-7:P	FT LAUDERDALE FL 3330		1.4 C/TY	-ST-ZIP				
TilleF		☐ DELETE	2 1 TiTL	.E			☐ Change	Addition
NAME			2.2 NAM	tE				
STREET ADDRESS			2 3 STRE	EET ADDRESS				
CHY-ST-ZIP		P DC FYC		-ST-ZIP		···		Pio
TITLE		DELETE	3 1 TITL				☐ Change	Addition
NAME DIVISION MEDICOS			3.2 NAM					
STREET ADDRESS				EET ADDRESS				
CHY-S'-ZP'		☐ DELETE	4 1 Titl	- S1 - ZIP			Change	Addition
NAME			4.2 NAM	- 1				
STHEF! ADDRESS				EET ADDRESS				
CiTY - S1 - 719				-ST-ZIP				
Hitt		DELETE	5 1 TITL				☐ Change	Addition
NAME		_	5 2 NAM	1				
STHEET ADDRESS				EET ADDRESS				
CITY - ST - ZIP				-ST-ZIP				
TRU		☐ DELETE	6 1 TITL				Change	Addition
NAME			6.2 NAM	NE				
STREET ADDRESS			63 STR	EET ADDRESS				
CUTY OT 71D			C 4 O/TV	017.70				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: 1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. STEVENS 2 2 28 196 9 54 - 486-6112

CR2E034 (12/95)