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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071832 (6)  NORMAN POLLOCK D.O., P.A.					(1 <b>10</b> (() <b>1</b> 0()) (101) (101) <b>(1</b>	<del>f</del> å hine (18) (80)
Principal Place	e of Business	Mailing Address				
8320 WEST SUNRISE BLVD. #105 PLANTATION FL 33322		8320 WEST SUNRISE BLVD. #105 PLANTATION FL 33322				
				3. Date Incorporated or Qualified 09/18/1995	3a. Date of Last F	Report
2. Principal Pla	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2611996	<b>\$9.7</b>	Not Applicable
22		27		5. Certificate of Status Desired		5 Additional Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.0	00 May Be
Zip 24	Country <b>25</b>	Zip <b>29</b>	Country 30		intangible tax under s	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	Registered Agent	
FILINGS	INC:		81 Name			
FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311			82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
			83			
			84 City		<b></b>	ip Code
The blocks.	to the provisions of Sections 607.050;	2 and our, 1000, rigina biaiu	tes, the above-named coron	an art tor themate this statement for the nu	rpose of changing its	registered office
familiar wit	th, and accept the obligations of, Sec	tion 607.0505, Florida Statute:	s. s.	ard of directors. I hereby accept the app	ointment as registered	d agent. I am
familiar wit	th, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN	tion 607.0505, Florida Statute:		ard of directors. I hereby accept the app	DATE	d agent. I am
familiar wit SIGNATURE 12.	th, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN	tion 607.0505, Florida Statute:	Off: Registered Agent signature require	ard of directors. I hereby accept the app	DATE	d agent. I am
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Daytime Phone #