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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000075533** (6)

RIVERSIDE MEDICAL CARE, P.A.

Principal Place of Business	Mailing Address
801 INVERNESS AVENUE MELBOURNE FL 32940	801 INVERNESS AVENUE MELBOURNE FL 32940-7814

## **FILED** Feb 13 1997 8:00am Secretary of State



21 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  No  No  Sitreet Address (P.O. Box Number is Not Acceptable)  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	st Report Applied For Not Applicable
28. Mailing Address 29. Mailing Address 4. FEI Number APPLIED FOR 59-3392/55 Suito, Apt. #, etc. 5. Certificate of Status Desired Sp.7. 20. Suito, Apt. #, etc. 21. Suito, Apt. #, etc. 22. City & State Active Country Trust Fund Contribution Active City & State Active Active Applied For 59-3392/55 Fee City & State City & State City & State Active Activ	Applied For
Suito, Apt. #, etc.	
Suite, Apt. #, etc.  27  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Since  40  30  Since Added  Add	Not Applicable
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City & State  City & State  28  City & State  28  Country  Zip  Country  Zip  Country  Zip  Country  S, Name and Address of Current Registered Agent  HOAGLAND, GUY D  801 INVERNESS AVENUE  MELBOURNE FL 32940  **  **  **  **  **  **  **  **  **	5 Additional Required
Trust Fund Contribution Address of Country Zip Country Sip South Statutes S	00 May Be
Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under Florida Statutes	ed to Fees
29 30 Fiorida Statutes  No  9. Name and Address of Current Registered Agent  HOAGLAND, GUY D  801 INVERNESS AVENUE MELBOURNE FL 32940  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	er s. 199.032,
9. Name and Address of Current Registered Agent  HOAGLAND, GUY D  801 INVERNESS AVENUE MELBOURNE FL 32940  82 Street Address (P.O. Box Number is Not Acceptable)  83  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: Typed or purited name of registered agent, and title flappicable.  NAME  HOAGLAND, GUY D  DELETE  11 TITLE  PD  HOAGLAND, GUY D  STREET ADDRESS  801 INVERNESS AVEUE  13 STREET ADDRESS	
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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 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 Irustee en fowered to execute the report as required by Chapter 507. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

46763/1007