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

PROFIT CORPORATION



	JAL REPORT 1996	•/	ecretary of State N OF CORPORATIONS			
DOCUI . Corporation	MENT # <b>P9500</b>	00082485	(0)			
18TH /	AVENUE MEDICAL PARK,	INC.				
rincipal Place	e of Business	Mailing Address		- I PROFITABLI ING LOFOL ONAL QUILL GOLLI	i Balili optol tolsa libit bibi	<b>                                  </b>
907 SE 3RD AVENUE		907 SE 3RD AVENUE				
OCALA FL 3	34471	OCALA FL 34471				
				3. Date Incorporated or Qualified 10/23/1995	3a. Date of Last R	eport
Principal Pia	ace of Business	2a. Mailing Address	)	4. FEi Number	×	Applied For
Suite, Apt.	# etc	Suite, Apt. #, et				Not Apolicable
Odite, Apr.	π, εισ.	27	С.	5. Certificate of Status Desired	1 1	Additional Required
Orty & State	∍	City & State		6. Election Campaign Financing		O May Be
Ζιp	Country	<b>28</b> Zip	Country	Trust Fund Contribution		d to Fees
	25 Country	29	30	8. This corporation has liability for in Florida Statutes XY Yes	intangible tax under s No	199.032,
	9. Name and Address of Curre			10. Name and Address of New R	-	
*****	N (4M) 4 (484 )		81 Name			
	R, WILLIAM L 3RD AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptab	lei)	
	FL 34471		B3		<del>-</del>	
00,00	16 07771					
			<b>84</b> City		FL 85 Z	p Code
<ul> <li>or register</li> </ul>	red agent, or both, in the State of Flor	ida. Such change was auf	horized by the cornoration s bo	oration submits this statement for the pur aird of directors. Thereby accept the appo	pose of changing its r pintment as registered	egistered offic Lagent Lam
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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, open an address

SIGNATURE: Will A WILLIAM L TAKTER 3-1-96 904-629-3636

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Only Despress F