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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000089689 (0)

5210 LINTOI SUITE 204	e of Business N BOULEVARD ACH FL 33484	OGY ASSOCIATES, P.A ing Address 10 LINTON BOULEVARD JITE 204 ELRAY BEACH FL 33484			3. Date fr	3. Date incorporated or Qualified 11/20/1995				
_	lace of Business	<u></u> ⊢	ailing Address			4. FET Nu	mber	·· ·	T	Applied For
Suite, Apt.	# etc	26	ile, Apt. #. elc.			~ \ \@	-00212	814	[_]	Not Applicable
2	m, etci	27	iito, 241t. #. etc.			5. Certific	ate of Status Desired			5 Additional
City & Stat	e	———· 1	y & State			6 Florier	Campaign Financing			Required
3		28					und Contribution			00 May Be ed to Fees
Zιρ	Country	Zip)	Count	ry	8. This co	rporation has liability for	pr intangible t		
1	25	29	- :	30		Florida	Statutes 🔲 Y	es [] No		
	9. Name and Address of Cu	rrent Registere	d Agent		.	10. Name	and Address of New	Registered	Agent	
MEVED	COM WHITIAM II AT D				1 Name					
MEYERSON, WILLIAM H M.D. 5210 LINTON BOULEVARD					2 Street	Address (P.O. Box	Number is Not Accept	able)		
SUITE 2				8:	3				_	
	BEACH FL 33484									
				84	4 Orty			٦	85 Z	p Code
									•	
I1. Pursuant	to the provisions of Sections 607.0	0502 and 607.15	08, Florida Statule	es, the above	nanied co	rporation submits t	his statement for the p	urpose of ch	anging its	registered offici
 Pursuant or register familiar wi 	to the provisions of Sections 607.0 red agent, or both, in the State of F ith, and accept the obligations of, S	0502 and 607.15 Torida. Such cha Section 607.0508	i08, Florida Statule ange was authoriza 5, Florida Statutes	es, the above ed by the cor	named co poration's	orporation submits t board of directors.	his statement for the p I hereby accept the ap	ourpose of chappointment as	anging its registered	registered offici Lagent. Lam
I1. Pursuant or register familiar wi		2001011 001 .000	o, i londa otatotes	es, the above ed by the cor	named co poration's	orporation submits t board of directors.	his statement for the p I hereby accept the ap	ourpose of ch oppointment as	anging its registered	registered offici I agent. I am
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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 signature shall have the same legal effect as if made unde appears in Block 12 or Block 13 if changed, or on an all achment with an address.

SIGNATURE: Was an an artificial and or type of a printed NAME of signature of piecer or binector.

SIGNATURE: Was an address of piecer or binector.

3/3/196

407-495-1206

Duylore Prove.