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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Morcham

Secreta of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000090266 (4) JOAN M. KOEWLER, D.P.M., P.A. Description Division Address										
Principal Place of Business 5550 BEE RIDGE ROAD SUITE E-2 SARASOTA FL 34233		5550 BEE RII SUITE E-2	Mailing Address 5550 BEE RIDGE ROAD SUITE E-2 SARASOTA FL 34233-1505			4 144 184 184 184 184 184 184 184 184 18	11 4611 4 18 111 69	110 TT	9 WIN 1 98 1	
SAHASUIA FE 34233	,	SANASCIA I	L 04200-1300	•			3. Date Incorporated or Qualified 01/01/1996	3a. Date	e of Last R	leport
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number 65-0627493			oplied For ot Applicable
21 Suile, Apt. #, etc	()		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27				Fee Required				
City & State 23		City & SI	ate				6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zip		h1	intry		8. This corporation has liability for		ax under s	
24	25 Name and Address of C	29		30	<u>т — </u>		Florida Statutes 10. Name and Address of New Re	Yes		
	R, JOAN M	arrein negistereu Ag	P-11		61	Name	IV. Hante and Addises of May In	Aleraian V	B0111	
	E RIDGE ROAD				82	Street Add	ress (P.O. Box Number is Not Accepta	blei		
SUTIE E-	2				\sqcup		TOTAL OF THE PROPERTY OF THE POPULATION OF THE P			
SARASO	TA FL 34233				83					
					84	City		FL	85 Zip	Code
11. Pursuant to the	e provisions of Section 60	7.0502 and 607.1508.	Florida Statut	es, the a	bove-	named corp	poration submits this statement for the	purpose of o	hanging i	ts registered
office or regidle agent I am für	ered agent, or both, in the miliar with, and accept the	State of Florida, Such obligations of, Section	change was i <u>607.0</u> 505, Fl	authorize orida Stat	d by t tutes.	he corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the appoi	intment as	registered
SIGNATURE	mhr. Kharl	- 1	oan	M		Koe	wiek 3	//7/	197	
12.		ed agent and title it applicable S AND DIRECTORS	(NO1	E: Registere	d Agent	Eignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND I	DIBECTOR	3S IN 12
υι (/o.	dent F Nin	ectur 1	DELETE	1.1 TI	TLF		710071071071071710000710 0171		Change	Addition
NAME TO	oan M. Kgewl	en ed		12 N	AME					
STREET ADDRESS 7	oan M. Koewl 13 Bay shore okon; s FL	フルトラ		1.3 \$	treet a	DORESS				
	okomis FL	3427			ITY-ST-	ZIP		··	Change	Addition
TIFLE		L	DELETE	2.1 (1				£] Change	Addition
NAME CARREST AND PROCESS				22 N		DDRESS	•			
STREET ADDRESS					ATY-ST					
THE	· ************************************		DELETE	3.1 TI					Change	Addition
NAME				3 2 N	AME					
STREET ADDRESS				3.3 S	TREET A	DDRESS				
CITY - S1 - ZIP			T per e		ITY-ST	- ZIP			- Cob	A 3 100
Title		Ĺ	DELETE	4.1.11				ı	Change	Addition
NAME				4.2 N		PODECE				
STREET ADDRESS					irlet a Ity-st-	DDRESS				
CITY - ST - ZH'			DELETE	5.1 TI		Lit			Change	Addition
NAME		_		5.2 N		1			-	
STHEET ADDRESS				535	TREET A	DDRESS				
CITY-ST-ZIP				5.4 C	ITY-ST-	ZIP				
TITLE			DELETE	6.1 T	TLE	1		7	Change	Addition
NAME				6.2 N		ļ				
STREET ADDRESS						DORESS				
City-S1-7.5	ed, that the information a	onlind with this files of	one not avail		ITY-ST-		d in Section 119.07(3)(i), Florida Statut	no I further	nortify that	t the
information ind	dicated on this applied topo	it or cumplemental ann	uat report is:	truo and :	anci ir	ata and tha	t my signature shall have the same leg rt as required by Chapter 607, Florida	at affect or	If made un	ador noth: the

0426547

FILED

Apr 08 1997 8:00am

Secretary of State