PRC	R BEFUNE 8/1/90. \$225 (11 DISCO	DISSOLVED ON OR AFTER AUGU LVED, MINIMUM AMOUNT DUE TO R FLORIDA DEPARTMEN	T OF STA	1			
CORPO	RPORATION Sandra B Mortham Secretary of State						
1996 DIVISION OF CORPORATIONS							
		2006480 (6)					
OCUME Corporation Na	EN # P95000	0096489 (6)					
HERNAND	O IPA, INC.						
incipal Place of	Business	Mailing Address			I liftingti ita talah atun asun asun		
50 w. Desoto : Rooksville fl	AVE. , 34601	750 W. DESOTO AVE. BROOKSVILLE FL 34601		Date Incorporated or Qualified     App. 1/1905	3a. Dale	of Last Report	
					12/21/1995 4. FEI Number	_!	X Applied For
Principal Place	e of Business	2a. Mailing Address 26					Not Applicable \$8.75 Additional
Suite, Apt # 4	etc	Suite, Apt #, etc			5. Certificate of Status Desired		Fee Required
Suite, ripse in t		City & State			6. Election Campaign Financing		\$5.00 May Be Added to Fees
City & State		28			Trust Fund Contribution  8. This corporation has liability for	intangible t	
Ζιρ	Country	Z <sub>1</sub> p) 30	Country	í	Etorida Statutes	Tes [A	110
	9. Name and Address of Curr	1431	81	Name	10. Name and Address of New Ro	gistered	<u> </u>
201 N. FRANKLIN ST. SUITE 2100 TAMPA FL 33802			83 84 City			FL	85 Zip Code
			the above lonzed by la Statute	ve-named cor y the corpora es	poration submits this statement for the thoris board of directors. I hereby acce	purpose of pt the appo	changing its registered intrinent as registered
SIGNALOIL .	Squarus Goodus providir os chiegodero OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	-ICEHS AIV	Change Addit
	0	DELETE	111111	Į.			
TITLE	RAJU, B.R. M.D.		1.2 NAN 1.3 STR	EET ADDIRESS			T Add
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAJU, B.R. M.D.	DELFTE	1 3 STR 1 4 CH 2 1 TH 2 2 NAI	EET ADORESS Y - S1 - ZIP			Change Au.
2.  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	RAJU, B.R. M.D. 750 W. DESOTO AVE.		1.3 STR 1.4 CH <sup>2</sup> 2.1 TH 2.2 NAI 2.3 STH 2.4 CH	EET ADDRESS Y-ST-ZIP LE ME NEET ADDRESS TY-ST-ZIP			
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2. ITLE LAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RAJU, B.R. M.D. 750 W. DESOTO AVE. BROOKSVILLE FL 34601	DELETE	1 3 STR 1 4 CH 2 1 TH 2 2 NAI 2 3 SH 2 4 CH 3 1 TH 3 2 NAI 3 3 SH 3 4 CH 4 1 TH 4 2 NAI 4 3 SH 4 4 SH	EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MMF REET ADDRESS TIY-ST-ZIP LE MMF REET ADDRESS TIY-ST-ZIP LE REET ADDRESS			Change Ad
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	RAJU, B.R. M.D. 750 W. DESOTO AVE. BROOKSVILLE FL 34601	DELETE	13STR 14 CH 21 TH 22 NAI 23 SH 24 CH 31 TH 32 NA 33 SH 34 CH 41 TH 42 NA 43 SH 44 CH 51 TH 52 NAI 53 SH 54 CH 55 SH 56 SH 57 S	EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MMF REET ADDRESS TY-ST-ZIP LE MMF REET ADDRESS TY-ST-ZIP LE MAME LIREET ADDRESS TTY-ST-ZIP LIREET ADDRESS			Change Ad

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67 C B.R. Raju, Director

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: