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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000 ASSOCIATED DOCTORS, INC.	008395 (1)		1 (1841) 186 (117 1840 1844 1844 1844 1844	1	111 11 141 12 14 14	Li 9:10 (8 1) :
Principal Place of Business 16244 S. MILITARY TRAIL SUITE 710 DELRAY BEACH FL 33048-6505	Mailing Address 16244 S. MILITARY TRAIL SUITE 710 DELRAY BEACH FL 3348					
BELIAN PRIMITIES AND AND			3. Date Incorporated or Qualifi 01/26/1996	ied 3a. Da	te of Last R	leport
2, Principal Place of Business	2a, Mailing Address	1 30.1	4, FEI Number		<u> </u>	oplied For
21 4800 W. Linton Blud Suite, Apt. #, etc.	26 4800 W. Liv Suite, Apt. #, etc.	1401 DID -	65-063958			ot Applicable Additional
22 F107	27 F107		5. Certificate of Status Desired	· 🗀		egulred
City & State	City & State	en 41.	6. Election Campaign Financi	~ ~~	•	May Be
23 Delray Beach H. Zigi Country	28 De Iray Bea	Country	Trust Fund Contribution 8. This corporation has liability	tor intendible		to Fees
24 33445 25 USA	29 33445	30 USA	Florida Statutes	~ ~	No	. 199.U3Z,
9. Name and Address of Current	t Registered Agent		10. Name and Address of Nev	v Registered	Agent	
HAC, DAVID		81 Name	iac Dovid			
16244 S. MILITARY TRAIL SUITE 710			ress (P.O. Box Number is Not Acce	, ,		
DELRAY BEACH FL 33048-6505		63 480	o w. Linton Bl.) <u>a</u>		
DELINAT DENOTITE 00040-0003			107	·	7 - 7	
		84 City	Iray Beach	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for t	the purpose of	changing i	ts registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obliga-	ations of Section 607 0505. F	laumonzeu by me corpora	abouts board of directors, I hereby a	cceht tile abb	DILITION 82	registered
- ,		iorida statutes.				
SIGNATURE						
SIGNATURE Stormfore Typed or professional of registered agen-	ot and title if applicable. (NO	TE: Registered Agent signature requ		DATE VEHICERS AND	DIRECTO	RS IN 12
SIGNATURE	ot and title if applicable. (NO		ured when reinstating) ADDITIONS/CHANGES TO 0		DIRECTO	
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