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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027369 (3)

Principal Place 704 E HILLTOP FRUITLAND PAR	A. LEAL, M.D., P.A. e of Business ST	Mailing Address 704 E HILLTOP ST FRUITLAND PARK								
						ļ	3. Date Incorporated or Qualified 03/22/1996	3a. Da	ite of Last F	teport
2. Principal Pla	ace of Business	2a. Mailing Addre	\$S				4. FEI Number		Aı	oplied For
11		26					59-3579761	<u> </u>		ot Applicable
Suite, Apt 1	#, etc	Suite, Apt. #, €	etc.				5. Certificate of Status Desired			Additional equired
City & State)	City & State					8. Election Campaign Financing		\$5.00	May Be
3]		28					Trust Fund Contribution			to Fees
Zip ⊒1	Country	Zip	h	ountry	′		8. This corporation has liability fo	r intangible		i. 1 9 9.032,
4	25] 9. Name and Address of Curr	29 29 Agent	30				Florida Statutes 10. Name and Address of New R			
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	E HILLTOP ST			82	6	A al al a a	(D () D N	-1-1-1		
	TLAND PARK FL 34731			82	Street A	4gares	s (P.O. Box Number is Not Accepta	adie)		
				83						
				84	City				les las	Code
				64	City			FL	85 Zip	Code
agent Lai SIGNATURE	m familiar with, and accept the obt	igations of, Section 607.0)505, Florida S	statute	\$. 		ation submits this statement for the o's board of directors. I hereby acc		changing to	registered
agent Lac SIGNATURE 12. TILE	Superior typed or punied name of registered a OFFICERS A D LEAL, MANUEL A M.D. 704 E HILLTOP ST	igations of, Section 607.0	(NOTE: Regist	tered Age 3. 1 TITLE 2 NAME	ent signature	required	ation submits this statement for the is board of directors. I hereby accumber reinstating) ADDITIONS/CHANGES TO OFF	DATE		RS IN 12
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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, or on an attackment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

(354) 787-8905

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FILED

Apr 29 1997 8:00am

Secretary of State