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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038817 (8)

DIANA M. BRIDGES, M.D., P.A.

Mailing Address

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
, ,					
		6801 LAKE WORTH RD SU LAKE WORTH FL 33467	ITE 211		
DIRE WOMIN PE 33407		LANE WORTH PL 35407		DO NOT WRITE IN THIS SPACE	
:				3. Date Incorporated or Qualified	
				04/30/1996	
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For
21		26		65-0656760	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
		₁ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	7 _{IP}	Country		Added to Fees
24	25	- h ·~- 1	<u>o</u>	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registere	
ROBERTS, ERIC V					
11211 S MILITARY TRAIL #3821			82 Street A	ddraes (C.O. Boy Number is Net Assessable)	
	YNTON BEACH FL 33436		50 Street A	ddress (P.O. Box Number is Not Acceptable)	
DOTHION BEACHTE 33430			83		
			84 City		
ļ			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent segnature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CP	☐ DELETE	1.1 TITLE		Change Addition
NAME	BRIDGES, DIANA M		1.2 NAME		
STREET ADDRESS	11211 S. MILITARY TR. #3821		1.3 STREET ADDRESS		ł
CITY-ST-ZIP	BOYNTON BEACH FL 33463		1.4 CiTY-ST-ZiP		
TITLE	VTS	DELETE	2.1 TITLE		Change Addition
NAME	ROBERTS, ERIC V		2.2 NAME		
STREET ADDRESS	11211 S. MILITARY TR #3821		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33463		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		FT DELLE	4.1 TITLE		CI ANGUIGN
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP		DILETE	4.4 CITY-ST-ZIP	•	Change Addition
TITLE		בם טוננונ	5.1 TITLE		LI CHANGE LI ADURION
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C(TY - ST - Z(P		Change Addition
TITLE		L) OLUTE	6.1 TeTLE		Fi ∆usuās Fi ¥bainou
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	nedify that the information constind with	this filter does not qualify for	6.4 City-St-ZiP	Lin Castica 140 07(2)(i) Elevida Statutas Lingthan	portify that the information

14. I horeby 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

ricV. Rober E

FRIC V. RUBSRTS

FEB 2 4 1998

561-968-6800

:R2E034 (10/97