Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90193 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051812

GULF COAST MEDICAL MANAGEMENT, INC.

GOE! G	The state of the s											
Principal Place	of Business	Mailing Ad	dress				****	,,es, ,,e , e ,,e			., 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
609 MAUNA LO	DA BLVD	6609 MAUN	6609 MAUNA LOA BLVD									
SARASOTA FL		SARASOTA	SARASOTA FL 34241			ľ	DO NOT WRITE IN THIS SPACE					
							3 Date In a	orporated or C				
							06/17/		gaamoa			
2 Dringing O	ace of Business	2a. Mailing	Address				4. FEI Num				Ar	plied For
- ·		11	•				65-068				<u> </u>	t Applicable
11 4838 Suite, Apt.	"Wilde Pointe	$Dr. \frac{ 26 4838}{\text{Suite}}$	Apt # etc.	Point	te Dr						\$8.75	Ac ditional
Suite, April	, , 510.	27	# ,			5	5. Certifcate	e of Status De	esired		Fee Re	equired
City & S ate		City &	State				6. Election	Campaign Fin	ancing		\$5.00	May Be
ภ _์		242 28 Sa	rasota	. Floi	rida		Trust Fu	nd Contributio	n _		Added	to Fees
Zip	sota, Florida Country	Zip		Countr			8. This corp	oration owes	the curre	nt year la	ntangible	
¬ `	25 Comp. C	10 to 29 342	33	30 Sa	rasot	-a 丄		Property Tax			☐ Yes	No.
3423	3 25 Saras 9. Name and Address of	Current Registered A	gent			1	0. Name ai	nd Address o	f New R	egistere	d Agent	
				81	Name_		0116	OA	re s			
	es, tanya			82	2 Street A	Acdress	<u>റവു ഗ.</u> (P.O. Box N	lumber is Not		ble)		
	MAUNA LOA BLVD				48	38	wil	<u>e 6</u>	2010	Te_	DC.	
SAR	ASOTA FL 34241			83	3							
				84	1 City						85 Zip	Code
					``````````````````````````````````````	Frla	AT D &			F	L   34	233
44 Dummun mt	to the provisions of Sections 6	607,0502 and 607,1508	Closida Ctati ti	en the ober	in named i	cc-roorati	ion submi s	this statemen	t for the p	ourpose (	of changing its	:≀egistered
office or b	to the provisions of Sections of egistered agent, or both, in the m familiar with, and accept the	e State (1 Florida, Such e obligat ons of, Section	i change was 31	utnosizea di	v the corpo	oration's	board of dir	ectors, 1 here	by accep	t the app	ointment as re	,9,0,0,0
office or b	egistered agent, or both, in the m familiar with, and accept the	e State (1 Florida, Such e obligations of, Section	1 Change was 31 1 607.0505, Flo	rida Statute	y the corpo is. LUL	Da	( مهرين ( مهريز	ectors, 1 here	by accep	t the app	21/29	
office (if n agent. I a SIGNATUF:E	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed. The of regis	e State (1 Florida, Such e obligat ons of, Section OOO S stered agen, and title if applicable	n change was 3 n 607.0505, Flo	rida Statute  Cuu  Registered Age	y the corpo is. LUL	Da	n reinstating)	ectors, mere		OATE	21/29	
office or n agent. I a SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed the of regis	e State (1 Florida, Such e obligations of, Section	n change was 3 n 607.0505, Flo	rida Statute	y the corpo	Dad whe	an reinstating)	NS/CHANGES	S TO OFF	OATE	21/29	
office or nagent. I a SIGNATUF:E  12.	egistered agent, or both, in them familiar with, and accept the Signature, typed or printed the OFFICE	e State (1 Florida, Such e obligat ons of, Section OOO S stered agen, and title if applicable	n change was an 607.0505, Flor	rida Statute  Registered Age	y the corpo	req ured whe	n reinstating)	NS/CHANGES	S TO OFF	DATE CERS	AND DIRECTO	DRS IN 12
office or nagent. I a SIGNATUF:E  12.  TITLE NAME	egistered agent, or both, in them familiar with, and accept the Signature, typed or printed The OFFICE D DAVES, TANYA	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	n change was an 607.0505, Flor	Registered Age  13. 1.1 TITLE 1.2 NAME	y the corpo	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DRS IN 12
office or nagent. I at SIGNATUF:E  12.  TITLE  NAME  STREET ADDRI SS	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	n change was an 607.0505, Flor	Registered Age  13.  1.1 TITLE  1.2 NAME	ent ganature re	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DRS IN 12
office or nagent. I all signature:  12.  TITLE  NAME  STREET ADDRI SS  CITY-ST-ZIP	egistered agent, or both, in them familiar with, and accept the Signature, typed or printed The OFFICE D DAVES, TANYA	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a. Observed was a consideration of the consideratio	Registered Age  13. 1.1 TITLE 1.2 NAME	ent ganature re	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DRS IN 12
office or nagent. I all signature:  12.  TITLE  NAME  STREET ADDRI SS  City-St-Zip  TITLE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	n change was an 607.0505, Flor	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent grature re	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DIRS IN 12 Addition
office or nagent. I all SIGNATUF:E  12. TITLE NAME STREET ADDRI SS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a. Observed was a consideration of the consideratio	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent ADDRESS ST-ZIP	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DIRS IN 12 Addition
office of nagent. I all all all all all all all all all a	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a. Observed was a consideration of the consideratio	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE	ent ganature re	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DIRS IN 12 Addition
office of a agent. I a agent. I a signatur: E  12.  TITLE  NAME  STREET ADDRI SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a. Observed was a consideration of the consideratio	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent ganature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO	DIRS IN 12 Addition
office of nagent. I a agent. I a signatur: E  12.  TITLE  NAME  STREET ADDRI SS  CITY-ST-ZIP  TITLE  STREET ADDR: SS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a change was a cha	Registered Age  13.  1.1 TITLE  1.2 NAME  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-  3.1 TITLE	ent ganature re ET ADDRESS ST-ZIP ET ADDRESS: -ST-ZIP	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change OF 10	DRS IN 12 Addition
office of magent. I a agent. I a signatur: E  12.  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a change was a cha	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent ganature re ET ADDRESS ST-ZIP ET ADDRESS:	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change OF 10	DRS IN 12 Addition
office of magent. I a agent. I a agent. I a signatur: E 12.  TITLE NAME STREET ADDR: SS CITY-ST-ZIP TITLE NAME STREET ADDR: SS CITY-ST-ZIP TITLE NAME STREET ADDR: SS	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a change was a cha	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent gonature re ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change OF 10	DRS IN 12 Addition
office of hagent. I a agent. I a signatur: E  12.  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	a change was a cha	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change OF 10	DRS IN 12 Addition
Office of magent. I a agent. I a agent. I a a signatur: E 12.  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 2.1 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 3.4 CITY	ent gonature re ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	D Q	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change	Addition
office of hagent. I a agent. I a signatur: E  12.  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDR: SS  CITY-ST-ZIP  TITLE  NAME  NAME	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME	ent ganature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	Day of all of the second when	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change	Addition
office of magent. I all agent. I all agent. I all all all all all all all all all a	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.1 TITLE  3.2 NAME  3.3 STREE  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 STREE  4.5 STREE  4.5 STREE  4.6 STREE  4.7 S	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	Day of all of the second when	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change	Addition
office of nagent. I all agent. I all agent. I all all all all all all all all all a	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  E ET ADDRESS ST-ZIP	Day of all of the second when	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change	Addition
office of magent. I all agent. I all agent. I all all all all all all all all all a	egistered agent, or both, in the m familiar with, and accept the Signature, typed or punited the of regist OFFICE DAVES, TANYA 6609 MAUNA LOA BLVD	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.1 TITLE  3.2 NAME  3.3 STREE  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 CITY-  4.4 CITY-  4.4 CITY-  4.5 TITLE  4.5 NAME  4.4 CITY-	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	Day of all of the second when	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change  Change	Addition  Addition
office of magent. I all agent. I all agent. I all all all all all all all all all a	egistered agent, or both, in the familiar with, and accept the signature, typed or printed Ame of registered American Signature, typed or printed American OFFICE DO DAVES, TANYA 6609 MAUNA LOA BLVD SARASOTA FL 34241	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.1 TITLE  3.2 NAME  3.3 STREE  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 CITY-  5.1 TITLE  5.2 NAME	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	Dared urd whe	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change  Change	Addition  Addition
office of magent. I all agent. I all all all all all all all all all a	egistered agent, or both, in the familiar with, and accept the signature, typed or printed Ame of registered American Signature, typed or printed American OFFICE DO DAVES, TANYA 6609 MAUNA LOA BLVD SARASOTA FL 34241	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.1 TITLE  3.2 NAME  3.3 STREE  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 CITY-  5.1 TITLE  5.2 NAME	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	Dared urd whe	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change  Change	Addition  Addition
office of magent. I all agent. I all agent. I all all agent. I all agent. I all all	egistered agent, or both, in the familiar with, and an cept the signature, typed or printed the of register to the control of	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.1 TITLE  3.2 NAME  3.3 STREE  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 CITY-  5.1 TITLE  5.2 NAME  5.3 STREE	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP	Dared urd whe	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change  Change  Change	Addition  Addition
office of hagent. I all agent.	egistered agent, or both, in the familiar with, and accept the signature, typed or printed Ame of registered American Signature, typed or printed American OFFICE DO DAVES, TANYA 6609 MAUNA LOA BLVD SARASOTA FL 34241	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	OFFICE   DELETE   D	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.1 TITLE  3.2 NAME  3.3 STREE  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 CITY-  5.1 TITLE  5.2 NAME  5.3 STREE  5.4 CITY-  5.5 STREE  5.6 CITY-	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP	Dared urd whe	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change Oriv Change Change	Addition  Addition  Addition
office of magent. I all agent. I all agent. I all all agent. I all agent. I all all	egistered agent, or both, in the familiar with, and an cept the signature, typed or printed the of registered agent. OFFICE D DAVES, TANYA 6609 MAUNA LOA BLVD SARASOTA FL 34241	e State (* Florida, Such e obligat ons of, Section DOL O S stered agent and title if applicable ERS ANI) DIRECTORS	OFFICE   DELETE   D	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  3.2 NAME  3.3 STREE  3.4 CITY-  4.1 TITLE  4.2 NAME  4.3 STREE  5.1 TITLE  5.2 NAME  5.3 STREE  5.4 CITY-  6.1 TITLE  6.2 NAME	ent gonature re  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP  E T ADDRESS ST-ZIP	Dared und whe	ADDITION	NS/CHANGES	S TO OFF	DATE FICERS	AND DIRECTO Change Oriv Change Change	Addition  Addition  Addition

14. I here by 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 supplementa 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP