## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jul 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061561 (2)

CLAUD	IO A. RUIZ, M.D., P.	Α.	•		 		
Oringinal Place	o of Business	Mailing Add			{		
Principal Place of Business Mailing Address  4505 MEADAW MOOD DRIVE				. (Pe	ł		
15885 MEADOW WOOD DRIVE 15885 MEADOW WOOD DRIVE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414				VE 14			
	JEN. 12 W 11 1	WEST TRUM	DENOTITE OUT	1.4	DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Report	
					07/23/1996		
2. Principal P	Place of Business	2a. Mailing A	ddress		4. FELNumber	Applied For	
21		26			65-068579	Not Applicable	le
Sulte, Apt	₩, etc.	Suite, Ap	t. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	27		O. Certificate of Status Desired	Fee Required	
City & Stale		City & Sta	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	L	Country	8. This corporation owes or has pa	F	
24	25	29	30	0	Personal Property Tax due June		
		of Current Registered Age	nt	81 Name A	10. Name and Address of New Re	gistered Agent	
	RPORATION SERVICE C	COMPANY		81 Name	audin H. Kuiz		
1201 HAYS STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptat	•		
IAL	LAHASSEE FL 32301			83	185 IT badow wood.	VRIVE	4
ı				53			- 1
				84 City	ellinatan	FL 85 Zip Code	
11. Pursuant	to the provisions of Section	s 607.0502 and 607.1508, F	lorida Statutes,	the above-named corp	oration s bmits his statement for the p	ourpose of changing is registered	đ
oπice or i	registered agent, or both, in m_familiar with, and accept	i the State of Florida. Such o the obligations of, Section (	nange was aut 607.0505, F <u>t</u> oric	norizea by the corporati la Statules.	oration s bmits his statement for the pion's board of directors. I hereby acce	of the appointment as registered	
SIGNATURE	2) Souder Mi	up on Claud	L A. Ru	17.	(X) 7	1/24/97	H
GIGHTIONE	dignature, typed or printed name of re		(NOTE: FI	ogistered Agent signature require		DATE	-
12.	OFFI	CERS AND DIRECTORS	1	13.	ADDITIONS/CHANGES TO OFFICE		4
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14. 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 Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.