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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



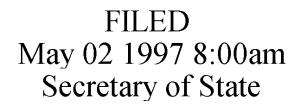
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069827 (9)

BONGOLAN, SCHWEITZ, WASSEL PHYSICIANS' CENTERS,





Principal Place of Business		Mailing Address			( 10011001 110 10110 20111 20111 20111 20111 20111 10110 11110 11110 11110	
4325 HENDERSON BLVD. TAMPA FL 33629		4325 HENDERSON BLVD. Tampa Fl 33628-5612				
					3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report
_ ·	Place of Business	2a. Mailing Address	<del></del>		4 FFI Number	Applied For
21		26			59-34 104	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	<b>[28]</b> Zip			Trust Fund Contribution	Added to Fees
4 <sup>2 P</sup>	25	2 ip	30	ntry	This corporation has liability for i     Florida Statutes	ntangible tax under s. 199.032, ] Yes = [7] No
<del></del>	9. Name and Address of Cure		[30]		10. Name and Address of New Re	
BON	IGOLAN, LORENZO S	e inferior di 1966 e vice Alberto Vicene		81 Name	,	
4325	S HENDERSON BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
TAM	PA FL 33629			83		,
	•			84 City	Commission of the Commission o	85 Zip Code
44 %		company of the control of the contro				FL   T
11. Pursuant I office or re agent. La	to the provisions of Sactions 607.0 registered agant, or both, in the Sta Im familiar with, and accept the ob	9502 and 607,1508, Florida ( ate of Florida: Such change Jigations of Spetion 607,050	Statutes, the at was authorized 15. Florida Stat	ove-named cor I by the corpora itos	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	The trial trial trial to descript the ob	ingularis of, accitant cor.com	o, i torida etat	ACS.		
	Signature, typed or printed name of registered			Agent signature requ	lired when reinstating)	DATE
12. TITLE	OF FICERS A	AND DIRECTORS  DELET	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	BONGOLAN, LORENZO S	[_] ענונו				Change Addition
STREET ADDRESS	4325 HENDERSON BLVD.		1,2 NA			
CITY-ST-ZIP	TAMPA FL 33629			REFT ADDRESS		
TITLE	D	DELET		Y-ST-ZIP		Change Addition
NAME	SCHWEITZ, WENDY L	<del></del>	2.2 NA	1		Similar
STREET ADDRESS	4325 HENDERSON BLVD.		2,3 SI	REET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		2,40	TY-S1-7IP		
TITLE	D	☐ DELET	E 31111	LE	^	Change Addition
NAME	WASSEL, HARRY D		3,2 NA	ME		
STREET ADDRESS	4325 HENDERSON BLVD.			REET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33629	DELET		TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
NAME		ַ טעננו		1		☐ Change ☐ Addition
STREET ADDRESS			4 2 N	REET ADDRESS		
CITY-ST-ZIP				Y-S1-2IP		
TITLE		DELFT				Change Addilion
NAME			5.2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			5,4 CIT	Y-ST-ZIP		
TITLE		DELFT	E 61 TH	L{		Change Addition
NAME			6 2 NA	ME		
STREET ADDRESS			63 S)	KEET ADDRESS		
OTHER PODICOS						
CITY-ST-ZIP			1/01	Y-S1-ZIP	d in Section 119.07(3)(i), Florida Statutes tt my signature shall have the same legal ort as required by Chapter 607, Florida St	