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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000072152 (7)

WESTERN MEDICAL SERVICES OF SEMINOLE COUNTY. FL, INC.

FILED Apr 04 1997 8:00am Secretary of State



Principal Place of Business 506 SHANE CIRCLE WINTER SPRINGS FL 32708		506 SHANE CIRCLE	Mailing Address 506 SHANE CIRCLE WINTER SPRINGS FL 32708-2220					
WINIEH SPHIN	195 rt. 32/06	VWILLU DE MAINW	100-2220		Date incorporated or Qualified 08/29/1996	3a. Dat	e of Last I	Report
2. Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number	-	A	pplied For
21		26			59-339895	3		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional legulred
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Ζρ 211	Country	Zip	Country	,	8. This corporation has liability for	or intangible t		s. 199.032,
24	9 Name and Address of	29 Current Registered Agent	30		Florida Statutes 10. Name and Address of New i			
AM	ERILAWYER CHARTERED		81	Name				
	ALMERIA AVENUE		82	Chrack Adel	tens (D.O. Day Number in Net Acces	abla l		
	RAL GABLES FL 33134		02	Street Add	dress (P.O. Box Number is Not Accept	aolej		
	•		83					
			84	City	40·11		85 Zip	Code
				<u> </u>	poration submits this statement for the ation's board of directors. I hereby acc	FL	1 1	
	Ster aline, toront or person camp of toron							
12.		stered agent and file if applicable (NO HS AND DIRECTORS	TE: Registered Age	ent signature requ	ilred when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO	RS IN 12
12.	OFFICE PSTD			ent signature requ			DIRECTO Change	
12.	PSTD DYCHKO, PAULA J	HS AND DIRECTORS	13.	ent signature requ				
12. TOLE NAME STREET ADDRESS	PSTD DYCHKO, PAULA J 506 SHANE CIRCLE	HS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS				
12. 111.E NAM: STREEL ADCRESS CSTY - ST - ZIP	PSTD DYCHKO, PAULA J	HS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHTY-5	T ADDRESS			Change	Additi
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by the receiver or trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of onlin httachment with an address.