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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075933 (7)

ANCHOR HEALTH CENTERS, P.A.

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Principal Place		Mailing Address			1				
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NAPLES FL 34102		NAPLES FL 34102			L	DO NOT WRITE IN THIS SPACE			
US		U\$			ļ	3. Date Incorporated or Quality	lied		
A. D .:!1 6		1 A 44 (C) 4 (d)				09/12/1996			
	flace of Business	2a. Mailing Address				4. FEI Number			oplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3417916			ot Applicable Additional
22		27				Certificate of Status Desired	d \square	•	equired
City & State	0	City & State	, ,			6. Election Campaign Financi	na	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Ζφ	Cou	ntry		8. This corporation owes or ha		_ ′ -	
24	25	29	30			Personal Property Tax due			No
	9. Name and Address of Curr			B1 N	ame	10. Name and Address of Ne	w Registered	Agent	
	C CORPORATE SERVICES OF			וים	arne				
390 N. ORANGE AVE., SUITE 110		00		82 \$1	Street Address (P.O. Box Number is Not Acceptable)				
OR	LANDO FL 32801			83					
				-					
				84 C	ity		FL	85 Zip	Code
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office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change wa	as authorized	i by the	corporation	n's board of directors. I hereby a	accept the app	ointment as	registered
agent rai	m tamiliar with, and accept the ob-	igations of, section 607.0505,	, rionda stat	цеs.					
SIGNATURE	Signature, typed or printed name of registered in	agent and title if applicable (I	NOTE: Registered		mature required s	when reinstating)	DATE		
	Signature, typod or printed name of registered in OFFICERS A	agent and intelf applicable (I	NOTE: Registered		gnaturo required s	when reinstating) ADDITIONS/CHANGES TO C		DIRECTOR	RS IN 12
12.				Agent sig	gnaturo requirod i			DIRECTOR	
	OFFICERS A	ND DIRECTORS	13.	Agent sig	paluro required v				
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