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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077630 (7)

FILED Jan 23 1998 8:00am Secretary of State

APHIL I	L. PERRYI	Man, M.S.P.T., P.A	•									
Principal Plac	e of Busines:	S	Mailing Address									
6246 MASSACHUSETTS AVENUE 6246 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653												
NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 3465							ŀ	DO NOT WRITE IN THIS SPACE				
							3. Date Incorpo	rated or Qualified				
							09/17/199	96				
2. Principal P	lace of Busin	iess	2a. Mailing Address				4. FEI Number			F	Applied For	
21			26				59-3400	<u>731 </u>			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of	Status Desired			Additional	
City & State			City & State				0.5//				Required	
23			28				Trust Fund C	paign Financing optribution			May Be	
Zip		Country	Zip	Cor	untry			ion owes or has pa				
24		25	29	30			Personal Pro	perty Tax due June	30. 🛚] Yes	□ No	
	g. Name	and Address of Current	Registered Agent				10. Name and A	ddress of New Re	gistered A	gent		
PEI	rryman, a	PRIL L M.S.P.T			81	Name						
6246 MASSACHUSETTS AVENUE			82 S			Street Add	dress (P.O. Box Numb	per is Not Acceptat	ole)			
NE	W PORT RI	CHEY FL 34653										
					83							
					84	City				85 Zip	Code	
74 D	In the secondar		and CO7 4500 Florida Chat	den the e			maratian automita thin	alalamani far tha	FL	<u>hanaina</u>	ito ropiotorod	
office or r	registered ag	ent, or both, in the State of	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, F	authorize	ad by	the corpora	ation's board of direct	ors. I hereby acce	pt the appo	ointment a	s registered	
agent. i a	ım familiar wi	th, and accept the obligati	ons of, Section 607.0505, F	florida Sta	itutes.		•					
SIGNATURE	Stonature typed	or printed name of registered agent	and title it englicable. (NC	TE Secistere	d Agen	t signature regu	ired when reinstation)		DATE			
SIGNATURE	Signature, typed	or printed name of registered agent		OTE. Registere	ed Agen	t signature requ	uired when reinstating) ADDITIONS/CI	HANGES TO OFFIC	DATE	DIRECTO	PRS IN 12	
	Signature, typed							HANGES TO OFFIC	CERS AND	DIRECTO		
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I hereby 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 informatic 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.