SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079466 (4)

GARY C. BERNARD, M.D., P.A.

FILED Jul 09 1998 8:00am Secretary of State



Principal Place	of Buelness	Mailing Address				00411 16010 40141 04019 01150 0111 1061
-	•					
13683 GLENHAVEN COURT JACKSONVILLE FL 32224		13683 GLENHAVEN COURT JACKSONVILLE FL 32224	l			
AUDIODULLIFE LE MESEA		PROPOSITION IN COST		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 09/25/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3403288	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Ostilicate di Status Dosnoti	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25]	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren			<u> </u>	10. Name and Address of New Registe	red Agent
Intrastate registered agent corporation				81 Name		
	BRIOKELL AVE.		82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
	E 3000					
MIA	VI FL 33131		8	3		
	•		В	4 City		85 Zip Code
	Ĩ			' .	oration submits this statement for the purpose	<u> </u>
agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered agen	Mions of, section 607.0505, Flo	orida Statut	es.	tion's board of directors. I hereby accept the a	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PTO	DELETE	1.1 TITLE			Change Addition
NAME	BERNARD, GARY C M.D.		1.2 NAME			
STREET ADDRESS	13683 GLENHAVEN COURT		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	JAÇKSONVILLE FL 32224		1.4 CITY-	ST-ZIP		
TITLE	VS	DELETE	2 1 TITLE			Change Addition
NAME	BERNARO, LORI E		2.2 NAME			_ •
STREET ADDRESS	13683 GLENHAVEN COURT		2.3 STRE	ET ADDRESS		
CITY-ST-ZiP	JACKSONVILLE FL 32224		2.4 CITY	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME .		<u></u>	3.2 NAME	<u> </u>		<u> </u>
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4 CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				ET ADDRESS		
			4.4 CITY-			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	i		
				ET ADDRESS		
STREET ADORESS						
CITY-ST-ZIP		[7] ₅₅ , 55-	5.4 CITY- 6.1 TITLE			Change Addition
TITLE		DELETE	1			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

14. 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 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.