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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085008 (6)

GEORGE A. DERMARKAR, M.D., P.A.

Principal Place of Business 2101 CROOKED CREEK WAY DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

				10/15/1996	
	lace of Business	2a. Mailing Address	POKEDCRE	4, FEI Number	Applied For
21 390 Suite, Apt.	7 GALEN LOURI	26 2 0 CN Suite, Apt. #, etc.	DUNCI) CKE	<u>59-3404196</u>	Not Applicable
22	- · · - · · · · · · · · · · · · · · · ·	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	PITY OTR EL	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	ZID	Country A	B. This corporation owes or has paid the cut	
24 335	73 25	29 33694	30 Hladmanh.		Yes No
	9. Name and Address of Current F		11.020	10. Name and Address of New Registered	Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		85 Zip Code
		· · · · · · · · · · · · · · · · · · ·		FL	•
office or re	to the provisions of Sections 607.0502 a ogistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was au	uthorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	I changing its registered pointment as registered
SIGNATURE					
 	Signature, typed or pented name of registered agent a		Registered Agent signature requi		
12.	OFFICERS AND D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	DE RMARKAR, GEORGE A M.D.		1.2 NAME		Onungo recentor
STREET ADDRESS	2101 CROOKED CREEK WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZiP		·	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 THTLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Decree	3 4 CITY-S1-ZIP		T 65
TITLE		☐ DELFTE	4.1 TOLE		Change Addition
NAME [4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L. Otter	5.2 NAME		orange radicion
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DEL€TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 altrophent with an address.

un.lla

FILED

Jun 11 1998 8:00am

Secretary of State