## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000093021 (9)

EMINOLE FL 33772 SEMINOLE FL 33772	Principal Place of Business	Mailing Address
<b>¬</b> '		STE. 1965 9555 SEMINOLE BLVD. SEMINOLE FL 33772
<u> </u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business	<del>-</del>

APPROVED AND FILED

97 AUG 19 AM 7: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

•	CIATED FAMILY PRACTICE lace of Business 555 SEMINOLE BLVD. FL 33772	Mailing پر STE	a Address 9555 SEMINO DLE FL 33772	LE BLVD.	·		3. Date Incorpora	*DO NOT WRI	TE IN THIS	•	
							11/13/1996				
	al Place of Business	<b>├</b> ──	iling Address				4. FEI Number	Inno	M	<b>⊢</b> —–	Applied For
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22	рг. <b>«, в</b> тс.	<b>├</b> ~~¬	te, Apt. #, etc.				5. Certificate of S	atus Desired			Additional Required
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23		28	,			1	Trust Fund Cor				d to Fees
Zip	Country	Zip	l	Cour	itry		8. This corporation		paid the cu		
24	25	29		30			Personal Prope			Yes	☐ No
	9. Name and Address of Cu	irrent Registere	d Agent				IO. Name and Ad	dress of New F	legistered	Agent	
	ILINGS, INC.			]3	B1 Nam	е					
	732 N.W. 16TH STREET			ļī	B2 Stree	t Address	(P.O. Box bump	THYPE APPEND	1 <b>1</b>	542	7
F	T. LAUDERDALE FL 33311-4132	2		ŀ.	93		(P.O. Box 154m)	-03/19/	<b>797</b> 0:	1074	020
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office o	ant to the provisions of Sections 607 or registered agent, or both, in the S I am familiar with, and accept the o	State of Florida, S	Such change was	s authorized	bu the or	rnoration	s board of director	s. i berehv acc	ent the ann	ointment a	as registered
		abbredience of Soc	clion 607 (1606 I	Florida Statu	tae the cu	JI JOI GROTI		D. ( 110,000) 000	opt mo upp		_
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information indicated on this annual report or symbolemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or I am an officer or director of the corporation or the receiver or fustee 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 attact ment with an address.

813-391

JULY 25, 1997

DIVISION OF CORPORATIONS ANNUAL REPORT P.O.BOX 6327 TALLAHASSEE, FLOREDA 32399

ATT: JEAN MCELVEEN

As per our phone conversation this morning, I am sending this note stating this is our first notice of the amount due. I have changed the suite number from 106 to 107 on the form as you requested. I am also attaching a check in the amount of \$165.00 as you instructed. Thank you for your help.

Cordially,

Flo Tutton

Office Manager for Assoc. Family Practice, Inc.

PS. Any questions please contact me at 813-391-0180.