## 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

DOCUMENT # P96000093632 (3)

MEDICAL VAN, INC.

**FILED** Sep 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
5910 CORTEZ AVENUE WEST #110 BRADENTON FL 34203			5910 CORTEZ AVENUE WEST #110 BRADENTON FL 34203			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 3a. D	ate of Last I	Report
						11/12/1996		
<del>_</del>	Place of Business	<del></del>	2a. Mailing Address			4. FEI Number	A	opplied For
21	#	26	<u> </u>			65-0707298		lot Applicable
Suite, Apt.		27				5. Certificate of Status Desired		Additional Required
City & Stat	e	<del></del>	City & State			6. Election Campaign Financing		May Be
Zip	Country	28	ļ			Trust Fund Contribution		I to Fees
24]	25	29	ê	Country		8. This corporation owes or has paid the cu		
241	9. Name and Address of Curre		[30]			Personal Property Tax due June 30.  10. Name and Address of New Registered		No
ഭവ	RDON, SEYMOUR A			81	Name		ngont	
699 FIRST AVENUE NORTH				82	Street	t Address (P.O. Box Number is Not Acceptable)		
ST.	PETERSBURG FL 33701			83			<del></del>	
				84	City	FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Eld	orida Statutos, the	above	-namad	d corporation submits this statement for the numbers	l obonoina	ito ropio avad
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE   Signature, typod or printed name of registered agent and telle if applicable (NOTE Registered Agent agent and telle if applicable (NOTE Registered Agent agent and telle if applicable (NOTE Registered Agent agent agent agent and telle if applicable (NOTE Registered Agent								
12.	······································	ND DIRECTORS		ered Age	nt signature	re required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DC IN 10
TITLE	PD			1 TITLE		ADDITIONS/CHANGES TO GITTICERS AND	Change	Addition
NAME	BECKERMAN, MILTON B	_		2 NAME				
STREET ADDRESS	14001 MIRAMAR AVENUE				ADDRESS			;
CITY-ST-ZIP	MADEIRA BEACH FL 33708		- I	4 CHTY - ST				
TITLE	VD			1 TO LE			Change	Addition
NAME	BECKERMAN, JAY H		2.3	2 NAME			_ •	_
STREET ADDRESS	14001 MIRAMAR AVENUE		2.3	3 STREET	ADDRESS			ŀ
CITY-ST-ZIP	MADEIRA BEACH FL 33708		2.	4 CITY - S	T-ZIP			į
TITLE	STD			TITLE			Change	Addition
NAME	STANLEY, MARIAN		3.2	2 NAME				İ
STREET ADORESS	5910 CORTEZ AVENUE WEST	Γ#110	3.3	3 STREET	ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203		3.4	4. CITY-S	1-ZIP			
TITLE			DELETE 4.º	1 TITLE			Change	Addition
NAME			4	2 NAME				
STREET ADDRESS			43	STAEET	ADDRESS			
CITY-ST-ZIP			4.4	4 C(TY-S)	1- ZIP			
TITLE			DELETE 5.1	TITLE			Change	Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET.	address			
CITY-ST-ZIP				CITY-SI	- ZIP			
TITLE			DELETE 6.1	TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET.	ADDRESS			
CITY-ST-ZIP			6.4	CITY-ST	-21P			
14. I do herel	ov certify that the information supplied	ed with this filing doe	s not qualify for the	19X9 or	notion st	stated in Section 119 07(3)(i). Florida Statutes, Lifurthe	partify that	the

I do linearly certify that the information supplied with this lifting does not qualify for the exemption stated in Section 119.07(3)(1), 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 changes, or on an attachment with an address.