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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103626 (3)

850 GARDEN STREET MEDICAL, INC.

Principal Piace of Business Mailing Address 7777 WICKHAM ROAD 7777 WICKHAM ROAD **UNIT 312 UNIT 312** MELBOURNE FL 32940-7976 MELBOURNE FL 32940 3a. Date of Last Report 3. Date Incorporated or Qualified 12/24/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt #, etc. Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Ζıp Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION SERVICE COMPANY Inarub 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 MOCNING 83 Zip Code 32,940 84 Melbourne 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 from tamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. 0010 inarub SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE VINARUB, DAVID S 1.2 NAME NAME 7777 WICKHAM ROAD UNIT 312 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLÉ VINARUB, RISA L 2.2 NAME NAME 7777 WICKHAM ROAD UNIT 312 23 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 2 4 CITY-ST-ZIP C01Y+S1-70F Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET AUDRESS 3.4. CITY-ST-ZIP DITY ST-ZIF Change Addition DELETE 4.1 TITLE THEF 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - 70P Addition DELETE Change 5.1 TITLE TIBLE 5.2 NAME NAMS **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 7IF ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP Citty-ST-7IP 14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Mar 13 1997 8:00am

Secretary of State