## 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 1000



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1990	90 111	DIVISION OF CORPOR
DOCUMENT # 1. Corporation Name	P970000036	621 (4)
MANUAL MEDICINE C	ENTER, INC.	
Principal Place of <b>Bus</b> iness	Mailir	g Address

**FILED** Aug 26 1998 8:00am Secretary of State

MANUAL	. MEDICINE CENTER, IN	C.				± 1881(8) 118 151(15) 151(15)	nn <b>a n</b> ise a ann <b>a a</b> ireach	181 <b>0 (</b> 1814) (18 <b>1</b> 0) (1810)	
Principal Place	e of Business	Mailing Ad	idress				III BOHN OCHH OOMAC II	HAND NOTABLE TO BE AND A STATE OF THE STATE	
2203 DEKLE AV	VENUE	2203 DEKLE	E AVENUE						
TAMPA FL 33606 TAMPA FL 33606									
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						3. Date Incorporated or Qualified			
A Deleviron	a contract of the contract of	0. 14-11:				01/08/1997			ł
	lace of Business	2a. Malling	Address			4. FEI Number 347. US	(71	Applied For	-
Suite, Apt.	# otr	26 Suite 6	Apt. #, etc.			121-21-6		Not Applicable 3.75 Additional	ł
22	W, 000.	27	ърг. т, отс.			5. Certificate of Status Desired		Fee Required	
City & Stat	ie .	City &	State			6. Election Campaign Financing		5.00 May Be	1
23	•	28				Trust Fund Contribution		Added to Fees	
Zip	Country	Zip		Countr	у	8. This corporation owes or has p			1
24	25	29		30		Personal Property Tex due Jur			
	9. Name and Address of Cur	rrent Registered A	gent			10. Name and Address of New R	legistered <b>Ag</b> en		]
	AN, MICHAEL J			81	Name				ļ
	: H <b>arbo</b> ur Place - Suite 5 IPA F <b>l</b> 33602	500		82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
TAM	IFA FL 33002			83	3				
				84	City		85	Zip Code	-
				67	e City		FL	'	
11. Pursuant	t to the provisions of sections 607.6	0502 and 607.1508,	Florida Statute	s, the above	named corp	poration submits this statement for the pu	rpose of changin	g its registered	
11. Pursuant office or agent. I a	t to the provisions of sections 607.t registered agent, or both, in the S am familiar with, and accept the o	0502 and 607,1508, tate of Florida. Such bligations of, section	Florida Statute change was a 607.0505, Flo	is, the above authorized by orida Statute	named corp y the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	irpose of ch <b>ang</b> in I the appoi <b>ntm</b> en	g its registered t as registered	
i	t to the provisions of sections 607.4 registered agent, or both, in the Sam familiar with, and accept the or	0502 and 607.1508, tate of Florida. Such bligations of, section	Florida Statute n change was a n 607.0505, Flo	is, the above authorized by orida Statute	e-named corp y the corpora s.	poration submits this statement for the pu ation's board of directors. I hereby accep	irpose of <b>chang</b> in If the appoi <b>ntm</b> en	g its registered t as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and little If applicable.	. (NK	OTE: Registered		equired when reinstating)	DATE		į
SIGNATURE	Signalum, typed or printed name of registered OFFICERS		(IX	TE: Registered			DATE FICERS AND DI	RECTORS IN 12	(80)
SIGNATURE  12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and little If applicable.	. (NK	13.	Agent signature re	equired when reinstating)	DATE FICERS AND DI		4 (5/00)
SIGNATURE 12. TITLE NAME	Signalum, typed or printed name of registered OFFICERS D LARSON, SANDRA L	agent and little If applicable.	(IX	13. 1.1 TITLE	Agent signature n	equired when reinstating)	DATE FICERS AND DI	RECTORS IN 12	(20/3/ /5/00)
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D LARSON, SANDRA L 2203 DEKLE AVENUE	agent and little If applicable.	(IX	13. 1.1 TITLE 1.2 NAME 1.3 STREE	Agent signature n	equired when reinstating)	DATE FICERS AND DI	RECTORS IN 12	27 16020
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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.

2. (2011/2012)

(0,2)-258-100M



Aug. 6,98

Dear Dirs

Duren received for furt request. I called ond was instructed to request in writing

Thort you.
Marce Mal Dall
office manager.