**PROFIT CCRPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700003930

1. Corporat on Name

PIS FIII	NESS CENTER, INC.							
Principal Place	e of Business	Mailing Address			11011001110	forth today parts open of the or	111 <b>00</b> 100 1FIL <b>0</b> 10180	litte eart 1001
6500 FT. CARIO	DLINE RD., STE. C	6500 FT. CAROLINE RD., STE.	С					
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277						DO NOT WRITE IN TH	4)2 SPACE	
					3. Date incorporat			
					01/09/1997	ou or adding a		
2. Principal P	lace of Business	2a. Maiting Address			4, FEI Number		Apr	oled For
14		26			59-3416421		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Sta		\$8.75 A Fee Red	
City & Stat	le	City & State			6. Election Campa	aign Financing	\$5.00	May Be
:3		28			Trust Fund Con	ntribution	Added to	ees
Zip	Count y	Zip	Country	у	8. This corporation	n owes the current year		
4	25	29 30			Personal Prope	rty Tax.	Yes	No
	9. Name and Address of Current	Registered Agent			10. Name ε nd Add	dress of New Registere	ac Agent	
			81	Name				
	RPHY, JOHN R		82	Street Add	ress (P.O. Box Number	r is Not Acceptable)		
	) FT. CAROLINE RD., STE. C					<u> </u>		
JAC	KSONVILLE FL 32277		83					
			84	City			85 Zip C	 code
		_		'		F	· l _	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the obligation of the state of t	Florida, Such change was authors of, Section 607.0505, Florida	orized by Statutes	the corporat	on's board of directors	. I hereby accept the app	ocintment as reg	jistered
12.	(IFFICERS AND		13.	in signature requi		ANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRES:	6500 FT. CAROLINE RD., STE. C			T ADDRESS				
CITY-ST-ZIP			1.4 CITY-5					
TITLE	VST	DELETE					Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	6500 FT. CAROLINE RD., STE. C	,		T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32277		2. 4 CITY-	ST-ZIP				
TITLE		DELETE 3.1 TI			<del> </del>		Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS	1		53STREE	T ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CITY-5	ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental ar rural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

4-26-99 Date

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90197 015 \*\*\*150.00