	٠	¢	

AMOUNT D	UTICE: CURPORATION WILL EL UE ON CR BEFORE 09/30/98: \$550 (IF DISS	OLVER HIMUM AMOUNT DE	UE TO REINSTATE: \$750	
CO	PROFIT LUNSIAND FLORIDA DEPA		ARTMENT OF STATE B. Mortham lary of State	
	1998	DIVISION OF	CORPORATIONS	E Classes Carcin Boses
DOCU 1. Corporati	MENT # P9700001987	8		98 OCT 30 PM 2: 29
	DONALD H.	AUERBACH, D	0.0., P.A.	SECRETARY OF STATE
	-			TALLAHASSEE FLORIDA
Principal Pla	ce of Business	Mailing Address		
	77 9th St. N. . Petersburg, FL	SEINSTATEWENT THIS SPACE / 8		
				3. Date Incorporated or Qualified 02/27/1997
2. Principal I	Place of Business	2s. Mailing Address		4. FEI Number Applied For 59-3452538 Not Applied by
Suite, Apt	l. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Security \$8.75 Additional Fee Required
City & Sta	ste	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip 24	Country	Zip 29	Country 30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
241	9. Name and Address of Current			10. Name and Address of New Registered Agent
Br	owder, David Jr.		81 Name	Dr. Donald H. Auerbach
30	5 S. Duncan Ave.	_		Address (P.O. Box Number is Not Acceptable) 7477 9th Street North
CI	earwater, FL 3461	.5	83	
Ì			84 City	85 Zip Code
11. Pursuan	of the provisions of sections 607 0502 a	and 607 1508 Florida Statute	es the shove-named o	St. Petersburg, FL 33702
office or	registered agent, or both, in the State of am familiar with, and acceptible obligate	Florida, Such change was	authorized by the corporate orida Statutes.	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Werald 14 /A	M		/V/40 W //
12.	Signature, typed or printed name of registered agent at OFFICERS AND		OTE: Registered Agent signatur 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IIILE	DP	DELETE	1,1 TITLE	Change Addition
NAME	Auerbaob; Donald	н.	1.2 NAME	100002676961-1
STREET ADDRESS 7477 9th St. N.			1.3 STREET ADDRESS	10000000 70 70 70 7
CITY-ST-ZIP	St. Petersburg, F	L 33702 BELETE	2.1 TITLE	Change Addition
NAME	(2.2 NAME	
STREET ADDRESS	ļ		2.3 STREET ADDRESS	•
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	Change Addition
NAME	[3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP	Change Addition
NAME			4.2 NAME	· ·
STREET ADORESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP	
TITLE NAME		☐ DELETE	5,1 TITLE 5,2 NAME	L_j Change L_j Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	8,1 TITLE 6,2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	(A)
CITY-ST-ZIP			6.4 CITY-ST-ZIP	(10)
Indicated o	n this annual report or supplemental ann	ual report is true and accurr or or trustee empowered to	ate and that my signate	section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am required by Chapter 807, Florida Statutes; and that my name appears
SIGNATI	Day 1 1V			10/rg/gp.



ACCOUNT NO. : 072100000032

REFERENCE: 015946 87250A

AUTHORIZATION :

COST LIMIT : \$ 758.75

ORDER DATE: October 30, 1998

ORDER TIME : 12:42 PM

ORDER NO. : 015946-005

CUSTOMER NO: 87250A

CUSTOMER: Duane H. Janssen, CPA

Janssen & Horgan, CPA'S, P.A.

1626-38 Avenue North

St Petersburg, FL 33713

DOMESTIC FILINGS

DONALD H. AUERBACH, D.O., P.A. NAME:

XX REINSTATEMENT	Andread Sections Sect	30073	Hander Header He
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		MA OX	
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING		9	

CONTACT PERSON: LORI DUNLAP

EXAMINER'S INITIALS ____