SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE 08 OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

P97000043364 (3)

OCEANWAY FAMILY PRACTICE CENTER, INC.

Principal Place of Business

9350 S. DIXIE HIGHWAY SUITE 1220

Mailing Address

CONSOLIDATED MEDICAL CENTERS. INC. P.O. BOX 330007

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FILED

Aug 14 1998 8:00am

Secretary of State

		ATLANTIC BEACH FL 32233	•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/15/1997	
2. Principal Pl	lace of Business	2a. Mailing Address			ed For
		26 P.O. Box 3	30007		pplicable
Suite, Apt.	N. Main St.	Suite, Apt. #, etc.	30001	€R 75 Ad	
22		27		5. Certificate of Status Desired Fee Requ	
City & State	9	City & State		Election Campaign Financing \$5.00 Ma	av Re
Jacks	onville, FL	28 Atlantic E	Sch. FL	Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intang	ible
3221	8 25 Duval	29 32233	30 Duval	Personal Property Tax due June 30. Yes N	10
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	REGIȘTERED AGENT CORPORA	TION	81 Name		
2601	S BAYSHORE DRIVE		82 Street A	dress (P.O. Box Number is Not Acceptable)	
SUIT	E 1 00 0		B&C	Corporate Services Inc.	
MIAN	/II FL 3 3133		83	•	
			84 City	S. Biscayne Blvd., Suite 3000	<u>]</u>
			Miar	FL	21
11. Pursuant	to the provisions of sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purpose of changing its regis	tered
office or r	regis te red agent, or both, in the Stat am fa mi liar with and accept the oblid	e of Florida. Such change was a nations of∡section 607.0505. Flo	uthorized by the corpor rida Statutes.	poration submits this statement for the purpose of changing its regis ation's board of directors. I hereby accept the appointment as regis	tered
SIGNATURE _		TE SERVICES, INC.	ANNA SALGADO	VICE PRESIDENT 7/31/58	
SIGNATURE	Signature, typed or printed name of registered as)	TE: Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS &	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE		L_ DELETE	•	irector	Addition
NAME				effrey I. Binder	
STREET ADDRESS			1.3 STREET ADDRESS 9	350 S. Dixie Hwy., Suite 1220	•
Į.			1.4 City-St-ZiP	liami, FL 33156	
CITY-ST-ZIP		DELETE	1.4 City-St-ZiP	350 S. Dixie Hwy., Suite 1220 liami, FL 33156 lirector/VP	
CITY-ST-ZIP		DELETE	1.4 City-St-ZiP M 2.1 Title D 2.2 NAME I	liami, FL 33156 lirector/VP	Addition
CITY-ST-ZIP TITLE NAME		DELETE	1.4 City-St-ZiP M 2.1 Title D 2.2 NAME I	liami, FL 33156 lirector/VP	Addition
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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.

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