## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000058883 (4)

PATRICIA KAREL MCLAUGHLIN, P.A.

Principal Place of Business Mailing Address								,	
530 98TH AVE		530 98TH AVE. NORTH			1				
NAPLES FL 34108		NAPLES FL 34108				DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualified			
						07/07/1997			
2. Principal Pr	ace of Business	2a. Mailing Address			4.	FEL Number		A	pplied For
21		26				54-3454285	)	N <sub>1</sub>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Certificate of Status Desired		<b>T</b>	Additional
22		27				Ostmodio o Oldido Domod		Fee R	equired
City & State		City & State			6.	Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip Country		Zip Country			8.	8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No			
24	25   9. Name and Address of Curren		30		10	Personal Property Tax due June 30. Yes I No  10. Name and Address of New Registered Agent			
ш		· Hogistorou rigorit	8	I Name		Trainio and Addition of the Training	-Biotolog	- Agoin	
	LAUGHLIN, PATRICIA K ) 96TH AVE. NORTH		ļ <u>.</u>		<del></del>				
	PLES FL 34108		8:	2 Street	et Address (F	P.O. Box Number is Not Accepta	ole)		
14/4	TES FE 34100		В	3					
				J					
			8-	City			FL	<b>85</b> Zip	Code
11, Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-name	ed corporation	on submits this statement for the	purpose o	f changing i	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a dious of Section 607 0505. Flo	uthorized t	by the co	orporation's I	board of directors. I hereby acce	pt the apr	ointment as	registered
	The state of the s	(10) 13 (d); (d)	nda diaidi	<b>33</b> .					
SIGNATURE	Signature, typischor printed name of respistered light	ot and little if applicable (NOTE	: Registered A	gent signatu	ure required when	reinstating)	DATE		<del></del> -
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PSTD	L DELETE	1.1 TOTLE					Change	Addition
NAME	MCLAUGHLIN, PATRICIA K		12 NAM	:					
STREET ADDRESS	530 98TH AVE. NORTH		1.3 STRE	T ADDRESS	s				
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY					77.0	<b></b>
TITLE			2.1 TITLE					Change	Addition
NAME			2 2 NAME						
STREET ADDRESS				7 ADDRESS	s	<i>I</i> %			
CITY-ST-ZIP		Decemen	2. 4 CITY					Channe	T LARGE
TITLE		DELETE	3.1 TITLE					☐ Change	Addition
NAME OTREET ADDRESS			3.2 NAME						
STREET ADDRESS				T ADDRESS	S				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE		<del></del> -			Change	Addition
NAME			4.1 HILE					டு பெள்கும்	₩ WOOTION
STREET ADDRESS				r Taddress	.				
1			4.4 CITY		9				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		<del> </del>	·		Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY		Ĭ				
TITLE		DELETE	61 TITLE					Change	☐ Addition
NAME		<del>_</del>	6.2 NAMI					_ •	'
STREET ADDRESS				T ADDRESS	s				
			0.001110		- I				ľ

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this deport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challeged, o) on an attachment with an address.