

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
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **P97000102678 (4)**

1. Corporation Name

LIBERTY CLINICS, INC.

Principal Place of Business

**1700 E LAS OLAS BLVD
SUITE 102
FT. LAUDERDALE FL 33301**

Mailing Address

**1700 E LAS OLAS BLVD
SUITE 102
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0802478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2455 E. SUNRISE BLVD

Suite, Apt. #, etc.

22 PH-SOUTH

City & State

23 FORT LAUDERDALE, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 2455 E. SUNRISE BLVD

Suite, Apt. #, etc.

27 PH-SOUTH

City & State

28 FORT LAUDERDALE, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

**SPEAR, GARRY R
5455 N FEDERAL HIGHWAY
SUITE I
BOCA RATON FL**

10. Name and Address of New Registered Agent

81 Name

Joy H. STRITIKUS

82 Street Address (P.O. Box Number is Not Acceptable)

2455 E. SUNRISE BLVD

83

PENTHOUSE SOUTH

84 City

FORT LAUDERDALE FL

85 Zip Code

33304

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Joy H. Stritikus

Joy H. STRITIKUS

7/16/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BURSON, ERNEST N**

STREET ADDRESS **1700 E LAS OLAS BLVD STE 102**

CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR, CHAIRMAN OF BO.** ☒ Change ☐ Addition

1.2 NAME **ERNEST N. BURSON, III**

1.3 STREET ADDRESS **3227 NE 38TH STREET**

1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition

2.2 NAME **JOY H. STRITIKUS**

2.3 STREET ADDRESS **811 SE 22ND AVE, #11**

2.4 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

3.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

3.2 NAME **JOHN DANE**

3.3 STREET ADDRESS **9214 GODSTONE LANE**

3.4 CITY-ST-ZIP **SPRING, TEXAS 77379**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Joy H. Stritikus **Joy H. STRITIKUS** **7/16/98** **Q54 537-7140**

CR2E034 (5/98)