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

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 24, 1999 8:00 am Secretary of State 06-24-1999 90022 015 ***150.00

DOCU	MENT# _P970							
1. Corporation	Name .	****	المستنصي					
	5.14.0., INC		Medical.	ċ.				
				gra .	,			
Principal Place		Mailing Address						
1723 5. HUNTING 200 LA.								
Roc	KLEDLE, FL 3	2955				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 12 - 8 - 9 7	ļ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo	or	
21 1732 S. HUNTINGTON 20. 26						59-3483242 Not Applic	able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additions	al	
22		27				r de Acquileu		
City & State	8	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23 <u>- </u>	Country	Zip	Count	гу		This corporation owes the current year Intangible		
24 •	25	29	30	•		Personal Property Tax.		
· écasa.	9. Name and Address of Current	Registered Agent		-1		10. Name and Address of New Registered Agent		
· /	PLAN SCARBE	ROULH	[8	1 Name	AL	AN SCARBOROUGH	ŀ	
•	723 HUNTIN		8	2 Street	Addres	ess (P.O. Box Number is Not Acceptable)		
•	• -		<u> </u>	3	32	2 S. HUNTINGTON LN.		
/	POCKLEDGE, FL	32955	L					
	•		8	4 City	Pol	CKLEDGE FL 85 Zip Code 32955	-	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve-named	comor	pration submits this statement for the purpose of changing its register	ed	
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was a ns of, Section 607.0505, Flo	authorized t orida Statuti	y the corp es.	oration	on's board of directors. I hereby accept the appointment as registered	ļ	
SIGNATURE							_	
	Signature, typed or printed name of registered agent a OFFICERS AND		E: Registered A	ent signature	required v	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
12.	1. D. ALAN SCARBO		1.1 TITU		D	D. ALAN SCARBOROCHT Change A		
NAME	· · · · · · · · · · · · · · · · · · ·		1.2 NAM	E -	-	32 S. HUNTINGTON LA.	{	
STREET ADDRESS	1723 HUNTING		1.3 STRE	EET ADDRESS	1 -	_	i	
CITY-ST-ZIP	ROCKLEDGE, FL		1.4 CITY		<i>P</i>	POLKLEDGE, FL 32955	44141	
TITLE	S.D. TRACY HA	RREIL DELETE	2.1 TITLE		5.	. D. TRACY HARRELL Change A	Jaillou	
NAME	1723 HUNTING	3 -	2.2 NAM	E Et adoress	17:	32 S. HUNTINGTON LN.		
STREET ADDRESS	ROCKLEDGE, FL	27955		-ST-ZIP	P	OCKLEDGE, FL 32955		
CITY-ST-ZIP	T. D. FRANK ON	DELETE	3.1 TITLE		7		idition	
NAME	·		3.2 NAM	E	<u>/·</u>	D. FRITIN ON NISON		
STREET ADDRESS	1723 HUNTENO		3.3 STR	ET ADDRESS	17	732 5 HUNTINGTON IN		
CITY-ST-ZIP	ROCKLEDGE, F	L 32955	_	-ST-ZIP	NE	OLKLEDGE, FL 32955	Idition	
TITLE		☐ DELETE	4.1 TITLS			☐ Change ☐ Ad	GIUUII	
NAME STREET ADDRESS			4. 2 NAM	E Et adoress				
CITY-ST-ZIP			4.4 CITY				Ĩ	
TITLE		☐ DELETE	5.1 TITLE		1	Change Ac	ddition	
NAME	بالمستسيدين بالمرجي د		5.2 NAM					
STREET ADDRESS				ET ADDRESS			j	
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITLE		-		dition	
TITLE			6.2 NAM			□ average □ 1.4		
NAME STREET ADDRESS	,			ET ADDRESS			}	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			}	
14. I bereby o	certify that the information supplied with	this filing does not qualify for	or the exem	otion state	d in Se	section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an	on	
officer or	director of the comoration or the receive	er or trustee empowered to	execute this	report as	require	red by Chapter 607, Florida Statutes; and that my name appears in		
Block 12	or Block 13 if changed, or on an attach	nent with an address with a	ııı otner iike	epipowere	iU.			

NAME OF SIGNING OFFICER OR DIRECTOR

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	579771-9000-2-15
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10 WHOM IN	Const
DUE TO INCO	PRRECT INFORMATION
ON THE ANNUAL R.	FPORT; WE DID NOT
RECEIVE A FORM	FOR FYLLDENG THIS
YEAR. I CONTAC	TED SOMEONE IN
YOUR DIFTEE WHO	INFORMED ME OF
THE FRORS ON	YOUR FORM. PLEASE
PARDON THE TARPE	NESS OF THES FORM
DUE TO ERRORS M	ADE BY YOUR
-OFFICE	
	ALAN SCARBOROUGE
	PRESIDENT
1	5. H.O. INC.
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to see a service of the second