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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00397

PETER G. BALLAS II, M.D., P.A.

FILED	7 8:00am	
Apr 08 1997	8:00am	
Secretary of	f State	



Principal Place of Business Mailing Address							•			
16244 S MILIT DELRAY BEAC	TARY TRAIL #290 CH FL 33484		MILITARY TRAII BEACH FL 334							
							3. Date incorporated or Qualified 09/18/1990		e of Las 5/199	t Report
2. Principal F	Place of Business	2a. Maili	ng Address				4. FEI Number			Applied For
<u> </u>	**************************************	26					65-0219869			Not Applicat
Suite, Apt	t #, etc.	Suite 27	, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	itc.	City	8 State				6. Election Campaign Financing		\$5.0	00 May Be
1		28					Trust Fund Contribution			ed to Fees
Zip	Country 25	Zip 29		30 Cour	ntry		8. This corporation has liability for in	ntangible Yes	-	er s. 199.032,
A	g, Name and Address of Curr		Agent				10. Name and Address of New Reg	pistered A	gent	
BAI	LLAS, PETER G I MD				61	Name				
16244 SO MILITARY TRL STE 290					82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	LRAY BCH FL 33484			Ţ	83					
					84	City		FL	85 2	ip Code
SIGNATURE	Signal sectified or printed name of registings	agent and title if applic		OTE: Registered	Age	nt signature requir	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE SEDS AND	DIREC	TORS IN 10
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AME	BALLAS, PETER G. II		Land Determina	1.2 NA)		}			V/10/1	80 <u></u> 371360
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14. I do hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daynine Phone #

SIGNATURE: