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PROFIT

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE

SIGNATURE AND TAPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # S08640

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FLORIDA MEDICAL PROVIDERS, INC.							
rincipal Place of Business	Mailing Address)))	OK BIBII DIDIR	#1811 \$ 1811 188
6175 NW 153RD STREET	6175 NW 153RD ST	REET					
#301 Miami Lakes FL 33014	#301 Miami Lakes Fl 33	014					
US	US			3. Date Incorporated or Qualified		of Last Re	
				10/17/1990	_l _)2/22/19	
Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0227261		L	pplied For lot Applicabl
	Suite, Apt. #, etc.						Additional
Suite, Apt. #, etc.	27			5. Certificate of Status Desired			equired
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
	28			Trust Fund Contribution			to Fees
Zip Country	Zip	Country		8. This corporation has liability for	intangible ta	x under s	199.032,
25	29	30		f torida Statutes Yes 10. Name and Address of New F	No No	Acent	-
g, Name and Address of Cur	rent Hegistered Agent	81	Name	IV. Name and Address of New F	- Histored 1	agvii.	
HORON W. OURDED							
JACKSON, W. CHARLES 6175 NW 153RD STREET #301		82	82 Street Address (P.O. Box Numb		.MC)		
MIAMI LAKES FL 33014		63					
MIAMI DANES PL 55014						85 Zip	Code
		84	Crty		FL	B3 Z1	Code
Signature, typed or printed name of registered a	ection 607.0505, Fiorida Statute	S. IOTE Registered Agent		o when rendating	ĐÃÍE	DIRECTO	RS IN 12
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