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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$18109

(6)

JOSEPH S. MENSCH, M.D., P.A.

FILED Apr 18 1997 8:00am Secretary of State

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Principal Plac	ce of Business	Mailing	Address					11 8 41 0 1841 01		11011 01111	1400
4950 LE JEUN			E JEUNE RD								
BUITE H		SUITE									
	ES FL 33146-6231	CORAL	CORAL GABLES FL 33146-2231								
							3. Date Incorporated or Qualified 11/26/1990	3e. Dat 04/0	te of La 14/19	ast Repo 96	ort
2. Principal f	Place of Business	2a. Ma	iling Address		-		4. FEI Number			Applie	ed For
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Sulte, Apt	t.#, etc.	L Sui	te, Apt. #, etc.				5. Certificate of Status Desired			75 Addi	
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City & Sta	ite	— — ·	y & State				6. Election Campaign Financing	F**)		. 00 ма	
3]	Country	28	<u></u>				Trust Fund Contribution			ded to F	
Zip	Country	Zip			ountry		8. This corporation has liability for in	tangible t Yes	ax unc	ler s. 19	9.032,
<u> </u>	25 9, Name and Address of Cur	29	d Anont	30	_		Florida Statutes 10, Name and Address of New Reg				
Med	NSCH, JOSEPH S., MD PA	IGHT MONISTERS	a Agont		81	Name	10, Marine and Address of New Neg	IISTO IOU A	geni		
					Ľ	110/110				_	
	50 LEJEUNE RD #H				82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)			
UU	RAL GABLES 33146-9231				83						
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SIGNATURE	Signature, typed or printed name of registered					nt signature requi	ired when reinstating)	DATE			
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To hereby certify that the information supplies with this long does not quality for the exemption stated in Section 119.0/(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 sair e 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 Statuter, and had my page appears in Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE:

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