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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| Suite. Apt. #. etc. Total found contribution Added tech. Added tech. Similar found statutes NELSON, EUSTUS S. MD, P.A. 880 I US 27 NORTH SUITE A.3 SEBRING FL 33870 881 SEBRING FL 33870 882 Street Address IP.O. Box Number is Not Acceptable) 885 Zec Cod. 11. Fursaint to the provisions of Sections 607 0507 and 607 1506. Fiorida Statutes. SIGNATURE SUITE A.3 SERRING FL 30870 11. Fursaint to the provisions of Sections 607 0507 and 607 1506. Fiorida Statutes. SIGNATURE SUITE A.3 SERRING FL OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 13. RELIGIOUS SERVING FL 14. Intil. DELETE 11. Intil. DELETE 11. Intil. DELETE 12. DELETE 13. SERRING FL 13. SERRING SERVING SERV | 1. Corporation | MENT # S217 | (-) | | | | | |
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| Principal Place of Express Septing Place | DR, El | ustus s. Nelson, Md, | P.A. | | | | | |
| 2. finicipal of Eucenoses 2a. Mailing Address 3a. Mailing Addr | 6801 US 27 NORTH SUITE A-3 | | 6801 US 27 NORTH SUITE A-3 | | | T 19001212 190 1906 (1966 1909) QUIQO (1)(9/9)(9/9)(9/9)(9/9)(9/9)(9/9)(9/9)(| | |
| A point place of Existings 2a Making Address 59-3043612 Not Az | | | | | | | | |
| Solid. Ayr. N. etc. Suite. Ayr. N. etc. Suite. Ayr. N. etc. Suite. Ayr. N. etc. S. Certificate of Status Desired \$8.75 Adding Res Required City & State City & State City & State Size Country S. This corporation has liability for intemplet are under a 1990 of Florida Statutes Size No. No. Added to F. Florida Statutes Size No. No. | 2. Principal Pi | lace of Business | | 20 | | 4. FEI Number | <u> </u> | Applied For |
| City & State City & C | 1 | | | | | 59-3043612 | | Not Applicable |
| City & State Ci | 11 | #, etc. | | | | 5. Certificate of Status Desired | , | |
| 74 | | 6 | and the surface of the conference of the confere | | | | \$5.00 |) May Be |
| 25 29 30 Florida Statutes Ves No | | | | | | | Added | |
| S. Name and Address of Current Registered Agent NELSON, EUSTUS S. MD, P.A. 6801 US 27 NORTH SUITE A-3 SEBRING FL 33870 11. Pursuant to the provisions of Sections 607 0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent furnilar with and accept the obligations of, Section 607, 0505, Florida Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INDIES 14. CITY ST 2/P NELSON, EUSTUS S, DR 6801 US 27 NORTH 6801 | | F-¬ ` | F = 1 | | ılry | | * | 199.032, |
| NELSON, EUSTUS S. MD, P.A. 6801 US 27 NORTH SUITE A-3 SEBRING FL 33870 11. Frustant for the previous of Sections 607.05.07 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE | | | | 1301 | | | | |
| SEBRING FL 33870 83 SEBRING FL 33870 84 Oity FL 85 Zip Cod 64 Oity FL 85 Zip Cod 65 Zip Cod 66 Oity Statement for the purpose of changing its register 67 cregistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 68 cregistered agent activity and accept the obligations of, Socions 607,050, Florida Statutes. 88 JEBRING FL 68 JUN 2 JUN 3 | | | | | B1 Name | | | |
| SUITE A3 SEBRING FL 33870 84 | | | | - | 82 Street Add | ress (P.O. Box Number is Not Acceptable | э) | |
| SEBRING FL 33870 84 | | | | - | 83 | | | |
| 11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Symbol probations of mightine obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Symbol probations of mightine obligations of, Section 607.05.05, Florida Statutes. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated in Fragiliation. NOTE Repolated Agent signature registered agent are stated ag | | | | Į | | | | |
| 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 register 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 epiponiment as registered agent furnalized with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Supplies typed or praind remore of registeres agent and the Paiphase. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NELSON, EUSTUS S, DR 6801 US 27 NORTH #A-3 13 STREET ADDRESS SEBRING FL 14 CITY-51-2IP 101-1 DELETE 1 STREET ADDRESS CITY ST 2IP 101-1 DELETE 1 STREET ADDRESS CITY ST 2IP 101-1 | QEDI III I | 10 / 2 000/ 0 | | | 84 City | | FL 85 Zip | Code ; |
| D | SIGNATURE | Signature typed to printed name of registared | agent and tille if applicative (f | NOTE: Registered a | Agent signature require | | | DC IN 10 |
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| CITY ST ZIP 14. do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If | | | .,, , | | | | | |

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 cath; that I am an office 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: Lengt

Welcom
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H10196 941-382-2248