

APPROVED
AND
FILED

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
1995

 FLORIDA DEPARTMENT OF STATE
 Governor Bob Muthart
 Secretary of State
 1000 North West 15th Street
 Tallahassee, Florida 32304-3000

DOCUMENT # **S23415**

(0)

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

J. MICHAEL BOLAND, P.A.

4417 BEACH BLVD. SUITE 200 JACKSONVILLE FL 32207-4786 US	4417 BEACH BLVD. SUITE 200 JACKSONVILLE FL 32207-4786 US
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18. 7. 1. 2004 年 7 月 1 日

2. Previous Name: <i>None</i>		2b. Address A: <i>None</i>		01/01/1991		04/05/1994	
21	<i>1537 GREENRIDGE Cir. W.</i>	2b	<i>1537 GREENRIDGE Cir. W.</i>	4. Filing Number:	<i>59-3042007</i>	Applicant For:	
	State: <i>FL</i>		State: <i>FL</i>			Not Applicable:	
22		27		5. Certificate of Status Desired:	☐	\$8.75 Additional Fee Required	
	City: <i>None</i>		City: <i>None</i>	6. Election Campaign Financing:		\$5.00 May Be Added to Fees	
23	<i>Jacksonville, FL</i>	28	<i>Jacksonville, FL</i>	Final Form Completed:	☐		
24	<i>32259</i>	29	<i>32259</i>	8. This corporation has liability for independent expenditures:	☐	Yes ☐ No ☐	
25	<i>U.S.</i>	30	<i>U.S.</i>	Foreign Statutes:	☐	Yes ☐ No ☐	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AKEL, EDWARD C. 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202		01	
		02	
		03	
		04	
		FL	05

[illegible]

2000 年 12 月 15 日

[illegible]

14. The Bureau, under the direction of the Assistant Secretary for the Bureau, is responsible for the administration of the Bureau. The Bureau is responsible for the administration of the Bureau, including the management of the Bureau's personnel, the management of the Bureau's financial resources, and the management of the Bureau's physical resources. The Bureau is also responsible for the administration of the Bureau's programs and activities, including the management of the Bureau's research and development activities, the management of the Bureau's public relations activities, and the management of the Bureau's information management activities.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICIAL IN ADDITION

T: MICHAEL BOLAND, CPA

5/1/95

904-287-4272