FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$30081

(1)

Mailing Address

PANCHETA B. WILSON, M.D., P.A.

	FILEL)
Feb 05	1997	8:00am
Secre	etary o	of State

1500 UNIVERSITY DRIVE 7798 NW 55 PLACE CORAL SPRINGS FL 33067-2058													
CORAL SPRING	3S FL 33071							-	3. Date Incorporated or 02/07/1991	Qualified		te of Last R	eport
2. Principal P	Principal Place of Business 2a. Mailing Address			4. FEI Number				plied For					
21	may himmay				-	65-0240192			No	ot Applicable			
	Suite, Apt. #, etc.						r	\$8.75	Additional				
22	27				Certificate of Status I	Desired			poriupe				
City & State	te:			ty & State			·		6. Election Campaign F	inancing		\$5.00	May Be
23			28						Trust Fund Contributi	-	\Box /	Added	
Ζιρ		Country	Zi	p	C	ountry	,		8. This corporation has	fiability for i	ntangible	tax under s	. 199.032,
24	2	:5	29		30				Florida Statutes Yes No				
	g, Name a	ind Address of (Current Register	ed Agent				1	Name and Address	of New Re	gistered A	\gent]
WILS	SON, PANC	IETA B.				81	Name						i
1012	21 W. SAMP	LE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)							
СОН	ral spring	5 FL 33065				83							
						84	City					os 7in	Code
						-	City				FL	85 Zip I	-
office or r	renistered and	int or both in the	07,0502 and 607 c State of Florida c obligations of, S	Such change was	s authoriz	red hy	the corr	corporal poration's	tion submits this stateme s board of directors. I he	ent for the p ereby accep	urpose of at the appo	changing it cintment as	ts registered registered
SIGNATURE	<u></u>												
12.	Signarate Abooto		tered agest and title if ap RS AND DIRECTO		13		sit signature	e radured w	hen reinstating) ADDITIONS/CHANGE	R TO OFFIC	DATE EDS AND	DIRECTOR	S IN 12
TITLE	D	OFFICE	no AND DIRECTO	DELETE		TITLE		T	ADDITIONS/CHANGE	3 IO OFFIC	ENS AND	Change	Addition
NAME	_	PANCHETA B.		hand Diezer		NAME						Lange Control of	7,000,000
STREET ADDRESS	7798 NW						ADDRESS						
	CORAL SE												
CITY-ST-ZIP TITLE	CORAL OF	NINGS FL		DELETE		CHTY-S	11 - ZIP			······································		Change	Addition
				[] better								C. Change	Tara Francisco
NAME	22 N				4555500								
STREET ADDRESS					ADDRESS								
CITY-S1-ZIP TITLE	2 4 C				TITLE	ST-ZIP	 				Change	Addition	
				better								L.J Orange	L.; Addition
NAME						NAME							
STREET ADDRESS	Ì						ADDRESS	ŀ					
10:1Y - ST - 2:IP	<u> </u>			DELETE		C(TY-	SI - ZIP	 				Change	Addition
THTLE				L.J DELETE		TITLE						- Orange	L Addition
NAME						2 NAME							
-STREET ADDRESS							ADDRESS						
CITY - SY - ZiP				T beleve		CITY - S	T-ZIP	ļ				T 05	
1871.6				DELETE		TITLE						Change	Addition
NAME						NAME							
STREET ADDRESS	+				5.3	STREET	ADDRESS						
City - S* - ZiP					5.4	CITY - S	T-ZIP						
TITLE				☐ DELETE	6.1	TITLE						Change	Addition
NAME					6.2	NAME		1	•				
STREET ADDRESS					6.3	STREET	ADDRESS		•				
CITY-ST-ZIP					6.4	CITY - S	T-ZIP	1				···	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this application of 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 proporation 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) to it changed, or on an attachment with an address.

SIGNATURE:

IGUALITA WILOW MISINAYUHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 344-27