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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S39145

(5)

FILED
Jan 30 1998 8:00am
Secretary of State

	PRECI	SION MEDI	CAL, INC.		()							
Principal Place of Business Mailing Address 333 FAULKENBURG ROAD 333 FAULKENBURG ROAD SUITE 403 SUITE 403 TAMPA FL 33610-9269 TAMPA FL 33610-9269									DO NOT WRI			
									3. Date Incorporated or Qualified 03/18/1991	i		
	Principal Place of Business			2a. Mailing Address					4. FEI Number		Ar	oplied For
21	Suite, Apt. #, etc.			26					59-3060620			ot Applicable
	_			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
22	City & State			27 City & State					O Floring Company Floring			•
23					28				6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
	Zip	ip Country			Zip Country				8. This corporation owes or has a	paid the curr		
24		25 29 30					Personal Property Tax due June 30. 🔲 Yes 🔲 No					
		9. Name at	nd Address of Curren	10. Name and Address of New F	Registered A	\gent						
		iteridge, ge					81	Name				
		33 FAULKEN	BURG ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
		JITE 403										
	TA	MPA FL 3361	9				83					
							84	City			85 Zip	Code
							otaclustic			<u>FL</u>		
17	office or r	to the provision registered agen	is of Sections 607.050; it, or both, in the State	of Florida.	1508, Florida Statu Such change was	utes, the a authorize	above ed by	⊢named corporation	oration submits this statement for the on's board of directors. I hereby acc	purpose of ept the appo	changing it ointment as	s registered reaistered
	agent. I a	am familiar with,	and accept the obliga	itions of, S	ection 607.0505, F	Torida Sta	itutes	i.		-,		
SIC	GNATURE									· · · · · · · · · · · · · · · · · · ·		
12) <u>.</u>	Signature, typed or	printed name of registered age OFFICERS AND			13.		nt signature require	ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	IS IN 12
TITL		PSD	011.02.10 A112	DII 12010	DELETE		TITLE		ADDITIONAL TO CIT	IOLIIO AIIO	Change	Addition
NAM	ME	ETHERIDG	E, GEORGE W.		_		AME					_
STR	REET ADORESS											
CIT		3333 FAU	LKENBURG ROAD			1,35	STREET A	address i				
	Y-ST-ZIP	3333 Fau Tampa Fl				- 1	STREET / CITY-ST					
TITL					DELETE	- 1	CITY-ST				Change	☐ Addition
	LE	TAMPA FL STD ETHERIDG	e, Lisa o.		DELETE	1.4 C	CITY-ST				Change	☐ Addition
TITL	LE	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.4 C 2.1 T 2.2 N	CITY-ST TITLE VAME				Change	Addition
TITL NAM STR	LE ME	TAMPA FL STD ETHERIDG	E, LISA O. LKENBURG ROAD			1.4 C 2.1 T 2.2 N 2.3 S	CITY-ST TITLE VAME	r-zip Address			Change	Addition
TITL NAM STR	LE ME REET ADDRESS Y-ST-ZIP	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.4 C 2.1 T 2.2 N 2.3 S	CITY-ST TITLE LAME STREET /	r-zip Address			Change Change	Addition
NAN SIR CITY	LE Me Reet address Y-St-Zip	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD			1.4 C 2.1 T 2.2 N 2.3 S 2.4 L 3.1 T	CITY-ST TITLE LAME STREET /	r-zip Address				
TITL NAM STR CITY TITL NAM	LE Me Reet address Y-St-Zip	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD			1.40 2.11 2.2h 2.3 S 2.4 3.11 3.2 h	CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	r-zip Address				
TITL NAM SIR CITY TITL NAM STR CITY	LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELEYE	1.40 2.11 2.21 2.35 2.4 3.17 3.21 3.35 3.4.0	CITY-ST TITLE LAME STREET / CITY-ST TITLE LAME STREET / CITY-ST	ADDRESS T-ZIP ADDRESS			Change	Addition
TITL NAM STR CITY TITL NAM STR CITY TITL	LE ME ME ME Y-ST-ZIP LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD			1.4 C 2.1 T 2.2 N 2.3 S 2.4 L 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS T-ZIP ADDRESS				
TITL NAM SIR CITY TITL NAM SIR CITY TITL NAM	LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELEYE	1.4 (2.11) 2.2 h 2.3 S 2.4 l 3.1 T 3.2 h 3.3 S 3.4 l 4.1 T	CITY-SI TITLE NAME STREET / CITY-SI TITLE NAME STREET / CITY-SI TITLE NAME	I- ZIP ADDRESS T- ZIP ADDRESS T- ZIP			Change	Addition
TITL NAM SIR CITY TITL NAM SIR CITY TITL NAM SIR	ME M	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELEYE	1.40 2.11 2.21 2.35 2.41 3.17 3.25 3.4. 4.17 4.21	CITY-ST TITLE VAME STREET / CITY-ST TITLE VAME CITY-ST TITLE NAME CTREET / CTREET / CTREET /	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addition
NAM STREET	LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.40 2.11 2.21 2.35 2.4 3.17 3.2 N 3.4. 4.17 4.21 4.35 4.40	CITY-ST TITLE LAME STREET / CITY-ST TITLE LAME LAME STREET / CITY-ST TITLE NAME STREET / STREET / CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS			Change Change	Addition Addition
TITE NAM STR CITY NAM STR CITY TITE NAM STR CITY TITE NAM STRIC CITY TITE TITE TITE TITE TITE TITE TITE T	ME M	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELEYE	1.40 2.11 2.21 2.35 2.41 3.17 3.25 3.4. 4.17 4.21 4.38 4.40	CITY-ST TITLE LAME STREET / CITY-ST TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addition
NAM STREET NAM	LE ME TADDRESS Y-ST-ZIP LE ME TADDRESS Y-ST-ZIP LE ME TADDRESS Y-ST-ZIP LE ME TADDRESS Y-ST-ZIP LE ME TADDRESS	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.40 2.11 2.24 2.35 2.44 3.17 3.28 3.4.7 4.17 4.21 4.38 4.40 5.11 5.28	CITY-ST TITLE LAME STREET // STITLE LAME STREET // STR	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP			Change Change	Addition Addition
TITE NAM STREET THE ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.40 2.11 2.24 2.35 2.44 3.17 3.2N 3.4.7 4.17 4.21 4.38 4.40 5.11 5.2N	CITY-SI TITLE VAME STREET / CITY-S' TITLE VAME STREET / VAME VAME VAME VAME VAME VAME VAME VAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP			Change Change	Addition Addition
NAM STREET	LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.4(2.11 2.21 2.35 2.41 3.17 3.2N 3.4. 4.17 4.21 4.35 4.40 5.11 5.2N 5.38	CITY-SI TITLE VAME STREET / VITTLE VAME STREET / VITTLE VAME STREET / VITTLE VAME STREET / VITTLE VAME VAME VAME VAME VAME VAME VAME VA	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP			Change Change Change	Addition Addition
TITE NAM SIR CITY NAM STRI CITY TITE NAM STRI CITY TITE NAM STRI CITY TITE TITE NAM STRI CITY	LE ME ME MEET ADDRESS Y-ST-ZIP LE ME ME ME MEET ADDRESS Y-ST-ZIP LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.4(2.11 2.21 2.35 2.4(3.17 3.2N 3.35 3.4.(4.17 4.21 4.35 4.40 5.11 5.2N 5.30 5.40 6.11	CITY-SI TITLE LAME STREET / LOTY-S LAME STREET / LAME STREET / LAME STREET / LAME STREET / LAME LAME LAME LAME LAME LAME LAME LAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP			Change Change	Addition Addition Addition
TITE NAM STREET THE CITY THE NAM STREET THE NAM	LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.40 2.11 2.21 2.35 2.41 3.17 3.2N 3.35 3.4. 4.17 4.21 4.35 5.17 5.2N 5.30 6.17 6.2N	CITY-ST TITLE LAME STREET / CITY-S' LAME STREET / LAME LAME LAME LAME LAME LAME LAME LAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP			Change Change Change	Addition Addition Addition
TITE NAME STREET THE S	LE ME ME MEET ADDRESS Y-ST-ZIP LE ME ME ME MEET ADDRESS Y-ST-ZIP LE ME	TAMPA FL STD ETHERIDG 3333 FAU	E, LISA O. LKENBURG ROAD		DELETE	1.40 2.11 2.21 2.35 2.41 3.17 3.2N 3.4.7 4.21 4.35 4.40 5.17 5.2N 5.30 6.17 6.2N	CITY-ST TITLE LAME STREET / CITY-S' LAME STREET / LAME LAME LAME LAME LAME LAME LAME LAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS -ZIP			Change Change Change	Addition Addition Addition

4. I hereby certify that the information supplied with this filing does not qualify for the emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate a difficult that my signature shall have the same 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 his 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

MURALINATURE REQUEST