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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4728 N HABANA

SUITE 303



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$52465

(9)

Mailing Address 4728 N HABANA

SUITE 303

BIENVENIDO G. YANGCO, M.D., M.P.H., P.A.

Secretary of State										
3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1996									
05/15/1991 4. FEI Number	1 (10)(01)		r. cr.	4						
		<del></del>	Applicable	┪						
59-3068219		<u> </u>	Applicable	┧						
5. Certificate of Status Desired	□ <b>→</b>	Fee Red	dditional quired							
Election Campaign Financing     Trust Fund Contribution		5.00 I								
This corporation has liability for in Florida Statutes	ntangible tax ı		199.032,	1						
0. Name and Address of New Re	gistered Ager	it		1						
	<del>*</del>			1						
(P.O. Box Number is Not Acceptab	le)									
	FL 85									
tion submits this statement for the p s board of directors. I hereby accep	urpose of cha	nging its	registered	Ì						
H. President	2/20	197	7							
nen remstating)	DATE			1_						
ADDITIONS/CHANGES TO OFFIC				8						
		Change	Addition	6)						
				034 (9/96)						

**FILED** 

Feb 25 1997 8:00am

TAMPA FL 33614	4	TAMPA FL	33614-7147					
US		US				3. Date Incorporated or Qualified	3a. Date of Last Report	
						05/15/1991	05/01/1996	
2. Principal Pl	lace of Business	28. Mailing	g Address			4. FEI Number	Applied	For
21		26				59-3068219	Not App	olicable
Suite, Apt	#, etc	Suite,	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
22		27	·	•	<del></del>	<b>5.</b> Dominosto 5. Otatio 2 con 50	Fee Require	d
City & State	)	City &	State			6. Election Campaign Financing	<b>\$5.00</b> Мау	
23		28		1-	<del> </del>	Trust Fund Contribution	Added to Fee	
Zip	Country	<b>├</b> ──¬ '	<b>├</b> ──	ountry	'	8. This corporation has liability for	ntangible tax under s. 199. ∃Yes	.032,
24	25	29	30		*****	Florida Statutes  10. Name and Address of New Re		
9. Name and Address of Current Registered Agent					Name	10, Name and Address of New No	Aistelan wanir	
	GCO, BIENVENIDO G.			81	14disi6			
	N HABANA			82	Street Ac	ldress (P.O. Box Number is Not Acceptat	le)	
	E 303			83				
TAMP	PA FL 33614			03				1
				64	City		FL 85 Zip Code	
						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>	
office or n	o the provisions # Bact egistered agent, ir poth	ons 607 0502 and 607.1508 in the State of Floridal Suc	s, Florida Statutes, the h change was authori;	abovi zed by	e-riarned co / the corpoi	orporation submits this statement for the pration's board of directors. I hereby accept	or changing its regi of the appointment as regist	tered
agent Lar	m familiar with,			tatute	δ. ΔΩ .Λ I	$m \sim 0.1$ $l \sim 1.1$	0/00/00	
SIGNATURE .	$\sim$ $(//$	Bienvenia		0,1	ו נטוי	IVII, President	0/20/91	
12.	Signature, typed or the server of OF	Treg stored agent and title Tappical FICERS AND DIRECTORS	sa / (NOTE Hepsil		an signature rec	quired when refinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN	12
10CF	$\mathbf{p}$	TOTAL CALL		TITLE		Application of the control of the		Addition
NAME	YANGCO, BIENVENI	DÖ G		NAME				
STREET ADDRESS	4728 N HABANA	<b>,</b>			ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-S	- 1			
1:1LE	(ANII ATE			TITLE	1 - 2	***************************************	☐ Change ☐	Addition
NAME			1	NAME	1		_ • •	Ì
STREET ADORESS					ADDRESS			ł
CHY-ST-ZIP			1	4 CITY-:				
TITLE				TITLE	<u> </u>		Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			1
CHY-ST 7IP				L CITY-:				ŀ
TITLE	,			TITLE			Change	Addition
NAME				2 NAME				
STREET ADDRESS					ADDRESS			
City-St-Zip				CITY-S				
TITLE				TITLE			Change	Addition
NAME				NAME	1			
STREET ADDRESS			<b>E</b>		ADDRESS			
CITY-SI-ZIP				CITY-5				1
TITLE	,			TITLE	DI-EN		Change	Addition
NAME			_	2 NAME	1		viiii	
			1		ADDRESS			ŀ
STHEET ADDRESS								
CITY-ST-7.P			1 64	CITY-5	SI-ZIP			

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 and categories and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the proportion 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

SIGNATURE: