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

Jan 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name S94418 (8)LUIS MERCED, M.D., P. A. Principal Place of Business Mailing Address 2900 17TH STREET 2900 17TH STREET SLITTE 5 SUITE 5 DO NOT WRITE IN THIS SPACE ST. CLOUD FL 34769 ST. CLOUD FL 34789 3. Date Incorporated or Qualified 11/01/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 201 HIIda 201 HildA 59-3042445 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required Suite Suife City & State City & State \$5.00 May Be 6. Election Campaign Financing KIBSIMMEE IBS / MM CC Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Osceola 05000/4 24 3474/ 29 **シ**ゲフザイ Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MERCED, LUIS M.D. LUIS $M \cdot 1$ 119 MOSS BLUFF ROAD 82 KISSIMMEE FL 34748 5 po rt 83 84 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 registered office or registered agent, or both, in the State of Florida, 80ch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 1868 **SIGNATURE** Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) d trile if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE PTS TITLE 1.1 TITLE ☐ Change NAME MERCED, LUIS M.D. 1.2 NAME sport Club 119 MOSS BLUFF ROAD STREET ADDRESS 1.3 STREET ADDRESS 32837 KISSIMMEE FL 34746 CITY-ST-ZIP 1.4 City - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF 14. I 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 annual report or 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 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.

FILED