

1995



(1)

APPROVED
AND
FILED

6-11-71 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

420 LINCOLN ROAD
SUITE # 402-A
MIAMI BEACH FL 33139

2.	2a	
21	26	
22	27	
23	28	
24	29	30
25	3. Name and Address of Current Registered Agent	

9. Name and Address of Current Registered Agent

01
02
03
04

FL

55

[illegible]

13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.	95.	96.	97.	98.	99.	100.												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

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SIGNATURE:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 06-08-2001 BY 60322 UCBAW

4/18/50- (305) 10-1-4343

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



DOCUMENT # S94954

(2)

ABRAHAM MEDICAL CLINIC INC.

2102 ARBOR OAKS DR
VALRICO FL 33564

2102 ARBOR OAKS DR
VALRICO FL 33564

2	2A	2B	2C
21	26	27	28
22	27	28	29
23	28	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

KARROTTUKUNNEL, ABRAHAM
2102 ARBOR OAKS DR
VALRICO FL 33594

3.	11/19/1991	3a.	05/23/1994
4.	59-3089066	5.	\$8.75 Additional Fee Required
6.	Florida Campaign Exemption	7.	\$5.00 May Be Added to Fee
8.	Florida Campaign Exemption	9.	Florida Campaign Exemption
10.	Name and Address of New Registered Agent		

81	82	83	84	85
				FL

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original and that the same is true and correct as the same appears on the public records of the State of Florida.

12. P
KARROTTUKUNNEL, ABRAHAM
2102 ARBOR OAKS DR
VALRICO FL

13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original and that the same is true and correct as the same appears on the public records of the State of Florida.

SIGNATURE: *Abraham Karot* Abraham Karot 4-28-95 813-653-3480