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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99211

(2)

FERN TAISENCHOY-BENT, M.D., P.A.

FILED
May 12 1997 8:00am
Secretary of State

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Solution	<u></u>					Trust Fund Contribution	☐ Adde	d to Fees
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TAISENCHOY, FERN F 9750 NW 33RD. STREET, #115 CORAL SPRINGS FL 33065 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 1. Pursuant to the provisions of Soctions 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, or both, and accept the obligations of, Section 607,303, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent and the statement with, and accept the obligations of, Section 607,303, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent and the statement with, and accept the obligations of, Section 607,303, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent corporations board of directors. I hereby accept the appointment as registered eigent eigen]			[30]				
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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 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 fruster lempowered 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 appears ment with an address.

6.4 CITY - ST - ZIP

52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

53 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE

NAME

THELE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - 51 - 2011

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

X 4/90/9)

×999-796-0111

Change

Addition