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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05482

(7)

THE COUNTRY DOCTOR, INC.

FILED Apr 07 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address					
	R FARMS ROAD	16133 JUPITER FARMS	ROAD				
OFFICE #2	3478	OFFICE #2 JUPITER FL 33478-6362					
JUPITER FL 33478		OUT TEN TE WY/OWN		3. Date Incorporated or Qualified 01/08/1992	3a. Date of La 07/01/199		
2. Principa! F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0305125		Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22		27			J. Commodition of States Commodition	******	e Required
City & Sta	te	City & State			6. Election Campaign Financing		00 May Be
23		28	Cour	.tr.	Trust Fund Contribution		ded to Fees
Zip	Country	Zip	⊢ ¬	itry	This corporation has liability for it Florida Statutes	intangible tax und Yes No	ier s. 199.032,
24	25 9. Name and Address of Curr	29 29 Annt Registered Anent	30		10. Name and Address of New Re		
		ent neglatered Agent		B1 Name			
	ATT, ROXANNA P.						
	133 JUPITER FARMS ROAD FICE #2			B2 Street Ad	idress (P.O. Box Number is Not Acceptab	ole)	
	PITER FL 33478		-	83			
JUI	FILER PE 33476						
				B4 City		FL 85	Zip Code
44 Dayward	to the exemples of Sections 607.0	1502 and 607 1508. Florida Sta	tutes the ab	ove-named co	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of chang	ing its registered
agent 1	and the contract of	•					
SIGNATURE	Signature, typicd or printed name of registered	agent and title if applicable (NOTE: Registered		quired when reinstating)	DATE	TODO IN 40
SIGNATURE	Signature, typicd or printed name of registered	agent and title if applicable (NOTE: Registered	Agent signature rec		DATE CERS AND DIREC	
SIGNATURE 12. IIILE	Signature Typed or printed name of regulared OFFICERS A	agent and title if applicable (NOTE: Registered	Agent signature rec	quired when reinstating)	DATE	
SIGNATURE 12. HILE NAME	Signature typed or proted name of registered OFFICERS A D PLATT, HAMILTON C., III	agent and title if applicable (NOTE: Registered 13. 1.1 TIT	Agent signature rec	quired when reinstating)	DATE CERS AND DIREC	
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