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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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SIGNATURE:

V06581

(5)

Principal Place o	S L. HELMERS, M.D., P								
Principa: Place of Business  104 ELDERBERRY LANE LONGWOOD FL 32779		104 ELDEI	Mailing Address  104 ELDERBERRY LANE LONGWOOD FL 32779						
						3. Date Incorporated or Qualified 01/08/1992	<b>3a.</b> Da	te of Last Re 04/18/19	
2. Principal Plac	ce of Business	2a. Mailing Add	 dress			4. FET Number			Applied For
]		26				59-3099387		1	vot Applicable
Suite, Apt. #,	elc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional
		27							Required
City & State		City & Stat	6			Election Campaign Financing     Trust Fund Contribution		•	May Be
Zip	Country	28 Zp		ountry		8. This corporation has liability to			100 Fees
ון ביייי וו	25	29	30]	/Ociriti y		Florida Statutes 2 Ye	rs ∏No	tax under 5	199.002,
L	9. Name and Address of Cu					10. Name and Address of New	Registered	d Agent	
				81	Name				
HELMER	RS, JAMES L.			82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
104 ELDERBERRY LANE					Oli Odi i Naid				
LONGW	/OOD FL 32779			83					
				84	City			<b>85</b> Zip	Code
							FI		
or registered	the provisions of Sections 607.0 d agent, or both, in the State of f i, and accept the obligations of, 9	Floridal Such change wa	is authorized by th	above-r ie corp	ramed corpo oration's boa	ration submits this statement for the p ind of directors. I hereby accept the ap	urpose of cl pointment a	hanging its ri as registered	agistered offic agent. I am
SIGNATURE									
	Ignurure, typica or printed name of registered	agentaria the happlicable S AND DIRECTORS		ne t Age 3.	r signaturi respon	ADDITIONS/CHANGES TO OF	DATE	ID DIDECTO	IDC IN 19
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PRONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (407)8694857