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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	1997						Secretary of State				
	JMENT # <b>V</b> * DINAMED ME	11691 DICAL SERVICES,	(5) INC.								
5999 CENTRAL AVE 598 878-301 Suite 300 69			Mailing Address  5999 CENTRAL AVE STE 601 SU HC 30710-8535				C NOCK ON ONE THOU WEND BUILD COLOR WAS BIRN OVER A CARL BUILD BY BY BUILD				
SI FEICHOOL	und FL 35710	OI FE	renopona 11 so/10	••••			<ol> <li>Date Incorporated or Qualifie 02/03/1992</li> </ol>		Date of Last Re /09/1996	eport	
2. Principal 21	Place of Business	26	ailing Address				4. FEI Number 59-3109343		No	oplied For ot Applicable	
Surte, A <sub>l</sub>		27	iite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 # Fee Re		
City & St 23	rate	28	ly & State				Election Campaign Financing     Trust Fund Contribution	g	<b>\$5.00</b> Added t		
Ζιρ 24					ry		Florida Statutes	oration has liability for intangible tax under s. 199.032. atutes Yes No d Address of New Registered Agent			
CA	TALANO, RICHARD T	···	an whelir	8	1 Name		ID. Name Bita Address of New	Magistara	1 MAGIII		
	99 CENTRAL AVENUE		2	8	2 Stree	t Addre	ss (P.O. Box Number is Not Accep	otable)	<del></del> -		
					<u> </u>						
ST	PETERSBURG FL 33	710		8	3					l	
SUITE 103 ST PETERSBURG FL 33710  11. Purs and to the provisions of Sections 607 0502 and 607 1508 Florida Statutes 1					4 City			F	85 Zip (	Code	
11. Pursuar office o agent 1 SIGNATURI		ctions 607.0502 and 607. th, in the State of Florida. ccept the obligations of, S	1508, Florida Statute Such change was a ection 607.0505, Flo	s, the about horized rida Statur	ive-name by the co es.	d corpo rporatio	ration submits this statement for the n's board of directors. I hereby ac	ne purpose ccept the ap	of changing its opointment as	s registered registered	
	Signature hyped or profession	me of registered agent and time if ap	<u></u>		gent signal.	re required	when reinstating)	DATE			
<b>12.</b>	P	OFFICERS AND DIRECTO	DELETE DELETE	13.	<del></del>	·	ADDITIONS/CHANGES TO O	FFICERS AT	Change	Addition	
NAME	TRAVLOS, JOHN			1.2 NAM		Ì			Land or many		
STREET ADURES		Y LANE SOUTH STE	203		- .et address	599	9 Central Avenue,	Suite	300	ĺ	
CITY-IST-ZIP	ST PETERSBURG			1.4 CITY	- \$1 - ZIP	st.	Petersburg, FL	33710			
THILF	S		☐ DELETE	2.1 TiTU					Change	☐ Addition	
NAME	TRAVLOS, JUDY			22 NAM		500	O Cambras I Transmiss	Q.,,3 L.,	200	·	
STREET ASORES		Y LANE SOUTH, SUIT	E 203	•	ET ADDRESS		9 Central Avenue, Petersburg, FL		300	Ì	
CHY-S1-ZIP TIBLE	ST. PETERSBURG	TL .			'-\$T-ZIP	100	recersioned, in .	33/10	Change	Addition	
NAME	l l		DELFTF	3 1 11(1)	:	<del>                                     </del>			Linanue		
			☐ DELETE	3.1 TITL					L_1 Change	L] Addition	
STREET ADDRES	58		☐ DELETE	3.2 NAM					□ cuange	Advidoji	
STREET ADDRES CITY+51-70°	55			3.2 NAM 3.3 STRE	E				change	L Advidon	
	is is		DELETE	3.2 NAM 3.3 STRE	E Et address '-St-Zip			. <del></del>	☐ Change	Addition	
CHY-51-200	55			3.2 NAM 3.3 STRE 3.4. C(T)	E ET ADDRESS '-ST-ZIP			,- <u> </u>			
CBY-ST-ZP TILE NAVE STREET ADDRES				3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLI 4.2 NAM 4.3 STRE	E ET ADDRESS '-ST-ZIP E ME ET ADDRESS	5					
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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 trustee anopwered 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.

SIGNATURE:

TOP AND TYPED OR PRINTED YAME OF SIGNING OFFICEA OR DIRECTOR

3-18-97

**FILED** 

Apr 11 1997 8:00am

813-347-22 Daytime Prions #

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