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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

21245 OF CORPORATIONS C

DOCUMENT #

V17850

CHRISTY D. CUGINI, JR., M.D., P.A.

FILED Mar 14 1996 8:00 am Secretary of State

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343 XAMIA GULTEA PORT CHAP		2525 #arbo Suite 104 A 33952		\$43 XAMIAMI\TANL SUUTE A PORT CHARLOTTE FL	DAM.	۱ ۱ (۱۲, ۱۷	arbar Bi 04A					
						3.	Date Incorporated or Qualified 04/01/1992	3a. Date		st Report 1995		
 Principal Pr 	lace of Busi	iness	2a.	Mailing Address			- · · · · · · · · · · · · · · · · · · ·	4.	FEI Number	1X	, , , ,	Applied For
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Suite, Apt. 2	#, etc		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			.75 Additional ee Required
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Ζ(p		Country 25	29	Zip	30	intry			This corporation has liability for i	ntangible ta		
1	9. Nam	ne and Address of C		ered Agent		Γ		_1	Name and Address of New R		gent	
		- · · · · · · · · · · · · · · · · · · ·				81	Name			· *		
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SUITE		TILLT				83						
	WATER F	L 34616				84	City			FL	85	Zip Code
11. Pursuant t	 to the provi est agent ic	sions of Sections 607	7.0502 and 607	.1508, Florida Statute	es, the abo	ve-n	namied corporat	ition su	Ibmits this statement for the purectors. I hereby accept the appoint		 nging	ts registered offici
farmitär v/t	tu, and acc	ept the obligations of	Section 607.0	505, Florida Statutes	·	JOIL	oralion's board	a or ciri	ectors i nereby accept the appx	ontment as	registe	red agent. I am
SGNATURE												
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12. TU	<u>.</u>	OFFICER	RS AND DIREC	DELETE	13.				ADDITIONS/CHANGES TO OFFI	<u></u>		· · · · · · · · · · · · · · · · · · ·
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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 logal effect as if made under cells, that I am an officer or director of the corporation or the receiver or trustee empowered 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: