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PROFIL CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V41046** 

(6)

**FILED** Apr 08 1997 8:00am Secretary of State

MARK L. GROBELNY, M.D., P.A  Principal Place of Fusir ess 5395 RIVERVIEW DR. ST. AUGUSTINE FL 32084	Mailing Address 5395 RIVERVIEW DR.					
			<ol> <li>Date Incorporated or Qualifie 06/01/1992</li> </ol>	d 3a. Date of Last f 04/11/1996	Report	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<del></del>	pplied For	
1∱ - Sude, Apt #, esc	[26] Suite, Apt. #, etc.		59-3127377		lot Applicable Additional	
22	27		5. Certificate of Status Desired	1 1 777.7	Additional lequired	
City & State	City & State	- <del></del>	6. Election Campaign Financing	\$5.00	May Be	
23]	28		Trust Fund Contribution		to Fees	
Zip Country	Zip	Country 30	This corporation has liability f     Florida Statutes	or intangible tax under : <b>X</b> Yes ☐ No	s. 199.032,	
4 25 9. Name and Address of C	29   Current Registered Agent	1301	10. Name and Address of New			
GROBELNY, MARK L.	74	81 Name				
5395 RIVERVIEW DR.		82 Street Add	dress (P.O. Box Number is Not Accep	table)		
ST. AUGUSTINE FL 32084						
		83				
		84 City		FL 85 Zip	Code	
11 Pursuant to the programms of Sections 60	7 0502 and 607 1508 Florida Stali	ites the above-named cor	rooration submits this statement for th		its registered	
• • • • • • • • • • • • • • • • • • • •	State of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby ac-	cept the appointment as	s registered	
office or registered agent or both, in the	objections of Section 607 0505. E	Jorida Statutes		and the ablance of		
	ob gations of, Section 607,0505, F	lorida Statutes.	· · · · · · · · · · · · · · · · · · ·			
SIGNATURE Surprise Species prog. Proceeding 46	ord spectand the dample state (NC	DH - Respisierud Agent signahire requ	sirec when reinstating)	DATE		
SIGNATURE	erdaject and the d'Alipholda (NC IS AND DIRECTORS	DIE Rog sternd Agent signature requ		DATE FICERS AND DIRECTO	RS IN 12	
\$100 PE   P   CODE NV MADE	ord spectand the dample state (NC	T13.	sirec when reinstating)	DATE		
12. OF ICE 6  GROBELNY, MARK L  FOR DIVERSITY DR	erdaject and the d'Alipholda (NC IS AND DIRECTORS	DE Registerud Agent eignature requirement 13. 11 Title 1.2 NAME	sirec when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	
SEGNATURE  12. OFFICE H  AMAM  SINE AGREEM  ST. ALICHISTINE FI	erdaject and the d'Alipholda (NC IS AND DIRECTORS	11. Hegisterad Agent signature requirement in the second state of the second se	sirec when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	
SIGNATURE  12. OFFICER  MANA SINTE AGREEM BLUSSINE FALSE ST AUGUSTINE FL S	erdaject and the d'Alipholda (NC IS AND DIRECTORS	DE Registerud Agent eignature requirement 13. 11 Title 1.2 NAME	sirec when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	
SEGNATURE  12. OFFICE R  13.4 OFFICE R  SINTE AGREE OF  10.15 ST AUGUSTINE FL  S GROBELNY, MARK L  ST AUGUSTINE FL  S GROBELNY, MARK L	estável audite é é ploité (RE IS AND DIRECTORS	DIE Begisterud Agent eignature requirative	sirec when reinstating)	DATE FICERS AND DIRECTO Change	RS IN 12	
12. OFFICER  TO F  MARKE STRIFF AGREEM TO THE STRIFF TH	estável audite é é ploité (RE IS AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE	sirec when reinstating)	DATE FICERS AND DIRECTO Change	RS IN 12	
P GROBELNY, MARK L STAUGUSTINE FL ST	estável audite é é ploité (RE IS AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME	sirec when reinstating)	DATE FICERS AND DIRECTO Change	RS IN 12	
P GROBELNY, MARK L STAUGUSTINE FL	estável audite é é ploité (RE IS AND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 2.3 STREET ADDRESS	sirec when reinstating)	DATE FICERS AND DIRECTO Change	RS IN 12	
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SIGNATURE  12. OFFICE BY MARK SIDE AGREEM BILL BARK BARK BARK BARK BARK BARK BARK BARK	S AND DIRECTORS  DELETE  DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	sirec when reinstating)	DATE FICERS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
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SEGNATURE  12. OFFICE R  MADA  SINTE ACRES OF  ICHOS I VIP  III.I  NAME  SERVET ACRES OF  GROBELNY, MARK L  5395 RIVERVIEW DR.  ST AUGUSTINE FL  S GROBELNY, MARK L  5395 RIVERVIEW DR.  ST AUGUSTINE FL  MANA  SPEED A ACRES OF THE PROPERTY OF THE PROPE	S AND DIRECTORS  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	sirec when reinstating)	DATE FICERS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
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12. OFFICE R  MAD.  SIME ACCRESS  III.I.  SPECIAL ACCRESS  CONST. 20  POR GROBELNY, MARK L  5395 RIVERVIEW DR.  ST AUGUSTINE FL  THE	S AND DIRECTORS  DELETE  DELETE	13. 11 Tifue 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 Tifue 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifue 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFUE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFUE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFUE	sirec when reinstating)	DATE FICERS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
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SEGNATURE  12. OFFICE B  MATA  SIDEL ACIDER B  CLIVE SELVIP  III.1  IMME  SERVE ACIDER B  ST AUGUSTINE FL  THE  MATA  ST REEL ACIDER B  CITY SELVIP  THE  MATA  ST REEL ACIDER B  ST AUGUSTINE FL	SAND DIRECTORS DELETE  DELETE	13. 11 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	sirec when reinstating)	DATE FICERS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
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12. OFFICE H MATA STREET ACCION ST COTY ST 7/19 INTO EMPT ACCION ST COTY ST	SAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 11 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	sirec when reinstating)	DATE FICERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition	
SEGNATURE  12. OFFICE B  MATA  STREET ACRES OF COTO STOPE  POR OBELNY, MARK L  5395 RIVERVIEW DR. ST AUGUSTINE FL  S GROBELNY, MARK L  5395 RIVERVIEW DR. ST AUGUSTINE FL  S GROBELNY, MARK L  5395 RIVERVIEW DR. ST AUGUSTINE FL  SOBIET ACCIONATION OFFI ACCIONATIO	SAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 11 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TiTLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE	sirec when reinstating)	DATE FICERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition	

r am an bacer or one aar or the corporation of the receiver or trustee empowered appears in Black 12 or Black 13 if changed, or on an attachment with an address.

SIGNATURE: