


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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>V55068</b> (3)					
1. Corporation Name <b>COPIER CLINIC, INC.</b>					
Principal Place of Business <b>801 STATE ROAD 434 SUITE 170 ALTAMONTE SPRINGS FL 32714</b>			Mailing Address <b>801 STATE ROAD 434 SUITE 170 ALTAMONTE SPRINGS FL 32714-7022</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1992</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-3137259</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>KINLER, DEBRA ANN 613 LAKE SPUR LANE ALTAMONTE SPRINGS FL 32714</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	0 <input type="checkbox"/> DELETE				
NAME	<b>KINLER, JAMES E., JR.</b>				
STREET ADDRESS	<b>613 LAKE SPUR LANE</b>				
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>KINLER, DEBRA ANN</b>				
STREET ADDRESS	<b>613 LAKE SPUR LANE</b>				
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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 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: <i>Debra A. Kinler</i> <b>Debra A. Kinler</b> 4/14/97 788-7623 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)