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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1997 8:00am

Secretary of State

SIGNATURE:

DOCUMENT # V60248

(4)

LEADER MEDICAL SERVICES CENTER, INC.

Principal Place	of Business	Mailing Address						HOM DANK KIDI	
1011 N FEDERAL HWY		P.O. BOX 821485							
HOLLYWOOD F		SOUTH FLORIDA FL 330	82-1485		į				
		US			3. Date Incorpora 08/26/1992	ited or Qualified		te of Last R 26/1996	eport
2. Principal Fi	lace of Business	2a. Mailing Address	······································		4. FEI Number				plied For
		26			65-035946	1		No	t Applicabl
Suite, Apt 4	#, etc	Suite, Apt. #, etc.			5. Certificate of Si	tatus Desired			Additional equired
City & State)	City & State			6. Election Campa	-			May Be
Zip	Country	28 Z _I D	Country	,	Trust Fund Cor		Ц	Added	
	├ ──┐ '	29	30	ſ	8. This corporation Florida Statutes	-4	,		. 199,032,
L	25 g. Name and Address of Curre		1301		Florida Statutes Yes No 10. Name and Address of New Registered Agent				<u></u>
₽∩T	ET, ALFRED M		81	Name					
	S SOUTHSIDE BLVD. #200		ļ		(50.00.1)				
JACKSONVILLE FL 32216			82 Street Ad		ldress (P.O. Box Number is Not Acceptable)				
UNOF	NOVITILLE I E USE IV		63	 					
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			84	City			FL	85 Zip	Code
1. Pursuant I	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Stat	utes, the above	e-named cor	poration submits this s	tatement for the p	urpose of	changing i	s registere
	m familiar with, and accept the obli	5			·				
GNATURE	Slanature type dor trulled harno of recelered a	gent and life if applicable (N	OYE: Flagistered Age	ent signature requ	lired when reinstating)		DATE		
	Styrostere, type-d or proded name of registered a OFFICERS A	gent and title if applicable (N	OTE: Registered Age	eni signature requ	lired when reinstating) ADDITIONS/CH/	ANGES TO OFFIC	DATE CERS AND	DIRECTOR	RS IN 12
<u>. </u>	10. L			eni sigriature requ		ANGES TO OFFIC		DIRECTOR Change	
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