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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	18	111111	DIVISI	ON OF COP	RPORAT	IONS			
1. Corporation				(1	1)	,				
ABC	HOME HEA	ALTH SERVICE	ES, INC.							
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Principal Plac	e of Business		Mi	ailing Address						
580 WEST	8TH STREET			ŭ	CTDEET					
C/O MARC	US E. DREWA'	S OFFICE		580 WEST BTH C/O MARCUS E		OFFICE				
JACKSONV	ILLE FL 32209		•	JACKSONVILLE	FL 32209			Date Incorporated or Qualified	20 Date of La	
								10/16/1975	3a. Date of La. 04/24	11995
2. Principal F	Place of Busine	SS	⊢	Mailing Addres	is			4. FEI Number		Applied For
Suite, Apt.	#, etc.		26	Suite, Apt. #, 6	ato.			51-0173761		Not Applicable
2			27	Conto, rept. #, e	, , , , , , , , , , , , , , , , , , ,			5. Certificate of Status Desired		5 Additional Required
City & Stat	te			City & State		т		6. Election Campaign Financing		00 May Be
Zip		Country	28					Trust Fund Contribution		ed to Fees
ī]	ļ.	Country 25	29	Zip	30	Country	ř	8. This corporation has liability for in	tangible tax under	s. 199.032,
<u> </u>		and Address of Co	urrent Regist	ered Agent	[30]			Florida Statutes 10. Name and Address of New Re	Yes 2 No	
					· · · · · · · · · · · · · · · · · · ·	81	Name	The state of the s	gistored Agent	
	SON, PHILIP					82	Street Add	dress (P.O. Box Number is Not Acceptable	5)	
	8TH STREE	•						To the terminal is the recognition	·)	
JAUKSI	ONVILLE FL	32209				83	!			
						84	City		—. 85 Z	ip Code
										•
1. Pursuant	to the provision	ns of Sections 617.0	0502 and 617	.1508, Florida \$	Statutes, the	above-r	named como	oration submits this statement for the num	FL °5 '	
Pursuant or register familiar wi	to the provision red agent, or b ith, and accept	ns of Sections 617.0 both, in the State of the obligations of,	0502 and 617 Florida. Such Section 617.0	.1508, Florida S change was au 503, Florida Sta	Statutes, the thorized by stutes.	above-r the corp	named corpo oration's boa	pration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its ntment as registere	registered offic d agent, I am
IGNATURE		-	_		Statutes, the thorized by atutes.	above-r	named corpo oration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered offic d agent. I am
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IGNATURE	Signature, typed or	printed name of registered	agent and title if ap	opicable	(NOTE: Regi	stered Agen		ed when reinstalling)	ose of changing its ntment as registered	
IGNATURE . 2. ILE	Signature, Typed or PD HATCH, 3120 HEI	printed name of registered OFFICERS MONROE C NDRICKS AVE.	agent and title if ap	opicable FORS	(NOTE: Regi	stered Agen 13. 1.1 TITLE	it signature require	ed when reinstalling)	ose of changing its ntment as registere DATE DERS AND DIRECTO	DRS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF BIGNING OFFICER OR DIRECTOR

4/19/96