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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990 .									
DOCU 1. Corporation	MENT # L34	4862	(7)							
•	ITAL HEALTHCARE AMI	ERICA, INC.								
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Principal Place	e of Business	Mailing	Address				I OTADI INIM DI			
	IALD J. HEVEY	C/	O DONALD J. HE	EVEY						
	EMINGTON GREEN CIRCLE SSEE FL 32308-1543	28	46-A REMINGTON LLAHASSEE FL 3	i Green Circl	.E					
		***				3. Date Incorporated o	r Qualified	3a. Date of		
2. Principal Pl	lace of Business	2a . Mai	iling Address			12/06/1989 4. FEt Number		<u>u</u>	<u>3/14/1</u>	Applied For
1		26				59-298929	14			Not Applicable
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.			5. Certificate of Status	Desired			Additional
City & State	е		/ & State			6. Election Campaign F	Inancino			Required May Be
3 7.0		28				Trust Fund Contribut	tion		Adde	d to Fees
Zip 4	Country 25	Z(p)		Country 30	'	This corporation has Florida Statutes	liability for in		ınder s	199.032,
	9. Name and Address of C		d Agent	190		10. Name and Address			ent	
				81	Name		*****			
	Y, DONALD J.	O: E	82 Street Add			Address (P.O. Box Number is No	ot Acceptable	9)		
	a remington green circ Nhassee fl 32308	CLE		83						
IALLA	NINOSEE FE 32300									
				B4				g g	35 Zij	Code
				F 1	- 7					
11. Pursuant t	to the provisions of Sections 607	7.0502 and 607.150	08, Florida Statute	F 1	- 7	orporation submits this statement	for the purp	ose of changi	ng its r	egistered office
I1. Pursuant to or registere familiar wit	to the provisions of Sections 607 red agent, or both, in the State of th, and accept the obligations of,	7.0502 and 607.150 f Florida. Such char , Section 607.0505	08, Florida Statute nge was authoriz , Florida Statutes	F 1	- 7	orporation submits this statement board of directors. I hereby acce	for the purp ept the appoi	ose of changi ntment as reg	ng its r istered	egistered office agent. I am
SIGNATURE _			_	es, the above-r ed by the corp i.	named co oration's	propration submits this statement board of directors. I hereby acce	for the purp ept the appoi	ose of changi ntment as reg	ng its r istered	egistered office agent. I am
SIGNATURE _	Signature typed or printed name of registere		ble. (NO	es, the above-r ed by the corp i.	named co oration's	equired when reinstating)		ose of changi ntment as rec		
BIGNATURE _	Signature typod or printed name of registere OFFICER	ed agent and title if applicat	ble. (NO	es, the above-red by the corp	named co oration's			OSE OF Change Introduction to Section 1997 DATE CERS AND DIS		
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SIGNATURE:

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