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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # \$74929**

1. Corporation Name

PRO LA	NN CARE PLUS, INC.			•						
Principal Plac	e of Business	Mailing Address				1 146HQ18 1H 188H	#151# IEII# HEII			· 6·6· 4·0/1 (88)
1705 WOODS BEND RD. WEST PALM BEACH FL 33406		1218 OMAR RD WEST PÄLM BCH FL 33405 US				DO	NOT WRITE	IN THIS	SPACE	
		03			Ì	3. Date incorporated of 08/20/1991		* */ .		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			17	Applied For
Z. Finicipal I	ides of pasitions	26		•		65-0279256			1	Not Applicable
Suite. Apt.	#, etc.	Suite, Apt. #, etc.		-	1	5. Certifcate of Status	Donisod			Additional
22		27				5. Certificate of Status	Desired		Fee F	Required
City & Stat	te	City & State		-		6. Election Campaign Trust Fund Contribu	=			May Be d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation ow	es the currer	nt year Inta		
24	25	29	30			Personal Property			₩Yes	□No
	9. Name and Address of Curren					10. Name and Addres	s of New Re	gistered	Agent	
	A DESCRIPTION OF THE PROPERTY	*: *		81 Nam	е ·					
	AREZ, PATRICIA R. 5 WOODS BEND RD.			82 Stree	et Addres	s (P.O. Box Number is I	Not Acceptab	ile)	4.e., x Y, c ~	
WES	ST PALM BEACH FL 33406			83		1396 17 86			131, 7 ki. 1 k	
		•		84 City		1.84.34 di 200 48.74 10.44 di 200 1.44	(4) 2 11 34 (7) 12 (4) 4 18 (8) 18 (8)	FL	85 Zi <sub>l</sub>	o Code
	to the provisions of Sections 607.050 registered agent, or bett, in the State am familiar, with, and accept the obligation of the obligati	2 and 607.1508, Florida Stati of Florida. Such change was tions of, Section 607.0505, F	utes, the a authorize lorida Sta	above-name d by the col tutes.	ed corpora rporation'	ation submits this staten 's board of directors. I he	nent for the pereby accept	urpose of the appoin	changing intment as	its registered registered
11, Pursuant office or agent. I a	Signature, typed or printed name of registered ager			d Agent signatur		ation submits this staten 's board of directors. I he when reinstating): 1355		DATE	D DIRECT	FORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signatur		when reinstating)		DATE	99_	FORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	TE: Registere 13.	d Agent signatur		when reinstating)		DATE	D DIRECT	FORS IN 12
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14. I 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 appartachment with an address, with all other like empowered.

**SIGNATURE** 

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90016 009 \*\*\*150.00