## 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 # 420346

INTERIM HEALTHCARE OF NORTHEAST FLORIDA, INC.

## **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90003 004 \*\*\*150.00

1	WALL TENETHONIC OF NO		•0.	1	
Princ	ipal Place of Business			I ISSUE BIBLIO HAN BANDO HINI BIBLIO AND AND	SIDII DIAN AMIC SING SING SI
3661	WOODI AKE DR	Mailing Address			
BONITA SPLS FL 34134		3661 WOODLAKE DI	}	A reatit, atura statt aufan Citt alata Bill Billi	esen esen esen 81811 81811 181
US		BONITA SPRINGS FL	. 34134		
		US		Da	
2 D-				DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE
1	ncipal Place of Business	2a. Mailing Address		03/05/1973	
	te, Apt. #, etc.	26		4. FEI Number	<u></u>
2	.с., лрт. #, етс.	Suite, Apt. #, etc		59-1445305	Applied For
City & States		27			Not Applicable
3	The second secon	City & State		5. Certifcate of Status Desired	\$8.75 Additional
Zip	0	28		6. Election Campaign Financing	Fee Required
7	Country	Zip	Country	Trust Fund Contribution	\$5.00 May Be -
	9. Name and Add	29	[30]	8. This corporation owes the current	Added to Fees
	9. Name and Address of Cur	rent Registered Agent			
te sign	READ, WILLIAM G. IR		81 Name	10. Name and Address of New Registered A	XXIYes  No
81491	3661 WOODLAKE DR	DE LET LE CELLON	[ , value		Aeut
	BONITA SPRINGS FL 34134	The state of the s	82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			83	- Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
			[63]		13 220 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Pure	light to the		84 City	——————————————————————————————————————	
office	or registered agent or both in the 2.05	02 and 607,1508; Florida Stor		The state of the s	85 Zip Code
agen	t. I am familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corporate	oration submits this statement for the	
SNATU	IRE	5, Section 607.0505, F	lorida Statutes.	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appointment	anging its registered
	Signature, typed or printed name of registered age	and and 1917			ds registered
 :	PD OFFICERS AI	ND DIRECTORS	E: Registered Agent signature required	when reinstating)	_
		☐ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
ET ADDR	READ, WILLIAM G. JR 3661 WOODLAKE DR			S STRICERS AND L	Cherry IN 12
ST-ZIP	TO THE PARTY OF TH		1.2 NAME	- 1	Change
31-ZIF	BONITA SPRINGS FL		1.3 STREET ADDRESS		1
		☐ DELETE	1.4 C/TY-ST-ZIP		Change
TADORE	READ, ELIZABETH A.		2.1 TITLE		
	TO THE PART OF THE		2.2 NAME	. 📙	Change
T-ZIP	BONITA SPRINGS FL		2.3 STREET ADDRESS		
194	A Company		- CONTROL OF		
	8D. 3BH B.G.	DELETE	2.4 CITY-ST-ZIP		
4 1.		☐ DELETE			
ADDRES	ALAMANIANA MARANANANANANANANANANANANANANANANANANANA	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		hange Addition
ADDRES	APA SPOROR EL 1984		2.4 CITY-ST-ZIP 3.1 TITLE	•	
ADDRES	No. 1986 And Advantage of the Control of the Contro		2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	•	
ADDRES	HA SPORENCE CORN		2. 4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		1 6. 3. 3.25 t.c. ser
ADDRES	CHA SPORTER CORN		2. 4 CITY- ST. ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST. ZIP		1 6. 3. 3.25 t.c. ser
ADDRES	HA SPORENCE CORN	☐ DELETE	2. 4 CITY- ST. ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST. ZIP 4.1 TITLE	•	1 6. 3. 3.25 t.c. ser
ADDRES	CHA SPORTER CORN	DELETE	2. 4 CITY- ST. ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		(子名) 新维性 5.0°、5m
ADDRES	HA SPORENCE CONST Control	☐ DELETE	2. 4 CITY- ST. ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST. ZIP 4.1 TITLE 4.2 NAME		(子名) 新维性 5.0°、5m
ADDRESS ADDRESS ZIP	FRA SPORENCE CORN France France France	DELETE	2. 4 CITY- ST. ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST. ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST. ZIP		iange sto 1 Addition
ADDRESS ADDRESS ZIP	FA SPERIOR EL TORA El SM El SM	DELETE	2. 4 CITY- ST. ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME		iange 3 Taddition
ADDRESS ZIP	CHA SPORTER EL TORAN  E del  Barrio	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Ch.	iange sto 1 Addition
ADDRESS ZIP DDRESS	FRA SPORENCE CORN France France France	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		iange sti 1 Addition

1 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.2 NAME

Baran Space

SE VOLUME

TADDRESS

Change

Addition