CITY-ST-ZIP WINTER SPRINGS.FL 1.4 CITY-ST-ZIP	PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	Sandra E Secreta	RTMENT OF STATE B. Mortham Iry of State CORPORATIONS		
Principal Pace of Eucress       Multing Address         S15 E., HTCHWAY 436       CASSELBERRY, FL 32707       CASSELBERRY, FL 32707         AssetLberRY, FL 32707       CASSELBERRY, FL 32707       - Date Hospicontel of Customed Statemed Topological Statemed State					
S15 E. HIGHNAY 436 CASSELBERRY, FL 32707         S15 E. HIGHWAY 436 CASSELBERRY, FL 32707           3: Dide incorporated or Quarked at Suffer Apl #, ptc.         34. Data of Last Paport 0.6-08-1978         04-25-95           4: EP Mindpil Pace of Diames         4. EP Mindpil Pace at Stre. Apl #, etc.         5. Cartistic of Status Desired         58.7 Additional Fear Required           21         5. Stre. Apl #, etc.         5. Cartistic of Status Desired         58.7 Additional Fear Required           22         Chy & Status         6. Decirco Company Francing Fear Required         58.7 Additional Fear Required           23         Chy & Status         98         70. Octropy         70           24         Difference         28.7 Additional Fear Required         50.0 May Be Additional Fear Required         50.0 May Be Additional Fear Required           70         Status         81. Name         81. Name         50.0 May Be Additional Fear Required           71         Paraword the provisions of Status Bandles         70. Name and Additional Fear Required Agent         70. Name and Additional Fear Required Agent           72         Status         70. Status         70. Name and Additional Fear Required Agent           73         Status         70. Name and Additional Fear Required Agent         70. Name           74         Chronic Name         70. Name and Additional Fear Required Agent	WILLIAM A. MOATS DDS	PA			
CASSELBERRY, FL 32707         CASSELBERRY, FL 32707         CASSELBERRY, FL 32707         Another Lear Place of Durine State		•	- / 0.4		
21         26         59         1830 / 161         101 Approach           Suite Apl. 4, etc.         Softe Apl. 4, etc.         S. Continue         S8.75 Audional Fron Required Fron Required Front Reprint Fron Required Fron R					
Subc. Aptl. #, etc.         Subc. Aptl. #, etc.         Subc. Aptl. #, etc.         St. 25 A deficient           221         27         27         5. Centificate of Status Desired         St. 25 A deficient           232         27         28         5. Centificate of Status Desired         St. 25 A deficient           232         28         28         5. Continue of Status Desired         St. 25 A deficient           24         28         29         20         Country         E. Name and Address of Current Registered Agent         10. Names of Address of Name Registered Agent           31 St. 5. E. HIGHWAY 436         11 Name         11 Name         12 Street Address (PO. Bio Number is Not Acceptable)         12 Street Address (PO. Bio Number is Not Acceptable)           31 St. 5. E. HIGHWAY 436         12 Street Address (PO. Bio Number is Not Acceptable)         13 Street Address (PO. Bio Number is Not Acceptable)           31 St. 2. Providence of Sections 607 0502 and 607 15002, Florids Statutes, the above named corporation's starts this statement for the pupped of change file registered agent. I am thread count to adjust on the providence of sections adjust of a providence of sections adjust of an exposite adjust of change file registered agent. I am thread count to adjust on the providence of sections adjust of an exposite adjust of change file registered agent. I am thread count adjust of change file registered agent. I am thread count adjust of change file registered agent. I am thread count adjust of change file registered agent. I am thread count adjust of change	——————————————————————————————————————				
Ory & State         City & State </td <td>Suite, Apl. #, etc.</td> <td>Suite, Apt. #, etc.</td> <td>····</td> <td>····</td> <td>\$8.75 Additional</td>	Suite, Apl. #, etc.	Suite, Apt. #, etc.	····	····	\$8.75 Additional
Zp     Country     Zp     Country     Zp     Country     Zp     Country     Rest and a statutes	City & State	City & State			\$5.00 May Be
B. Name and Address of Current Registered Agent     B. Name     B. Name and Address of New Registered Agent     B. Name     B. Street Address of New Registered Agent     B. Name     B. Street Address of New Registered Agent     B. Name     B. Street Address of New Registered Agent     B. Name     B. Street Address (P.O. Box Number is Not Acceptable)     B. Street Address     Street Address     Core Street     Co	Zip Country	Zip		8. This corporation has liability for in	ntangible tax under s 199.032,
WILLIAM A MOATS         515 E. HIGHWAY 436         CASSELBERRY, FL 32707         86         87         88         89         80         80         81         82         83         84         Colv         84         Colv         84         Colv         85         86         86         87         88         88         89         84         Colv         84         Colv         85         SIGNATURE         86         86         87         907         88         907         907         907         907         907         907         907         907         907         907         907         908         907         908         908         907         908			[30]		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the optime of changing the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am tentility, and accept the obligations of, Section 607.0506, Florida Statutes.         SIGNATURE       Equation, the of printed or interfaced agent ag	515 E. HIGHWAY 436		82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)
Sprute:         Other Registered Agent Hard the Represent         Mother Registered Agent Hard the Represent         Data         Data           12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         PT         DELETE         1.11TLE         Change:         Addition           NAME         MOATS, WILLIAM A.         12 NAME         13.5 REET ADDRESS         Change:         Addition           STREEL ADDRESS         107.5 CHESTERTIELD CIR         13.5 REET ADDRESS         Change:         Addition           TITLE         DELETE         2.1 TITLE         Change:         Addition           NME         STREET ADDRESS         22 NAME         Addition         Addition           STREET ADDRESS         22 NAME         23 STREET ADDRESS         Change:         Addition           STREET ADDRESS         3.1 TITLE         Change:         Addition           STREET ADDRESS         3.1 STREET ADDRESS         Change:         Addition           ITTLE         DELETE         3.1 TITLE         Change:         Addition           NAME         3.1 STREET ADDRESS         STREET ADDRESS         Change:         Addition           NAME         STREET ADDRESS         STREET ADDRESS         Change: <th>11. Pursuant to the provisions of Sections 607</th> <th>0500 and 607 1500 Elorida Statuta</th> <th></th> <th></th> <th>FL</th>	11. Pursuant to the provisions of Sections 607	0500 and 607 1500 Elorida Statuta			FL
CITY-ST-ZIP       WINTER SPRINGS, FL       14 City-ST-ZIP         TITLE       DELETE       21 TITLE         NAME       22 NAME         STREET ADDRESS       23 STREET ADDRESS         CITY-ST-ZIP       24 CITY-ST-ZIP         TITLE       DELETE         NAME       31 TITLE         STREET ADDRESS       23 STREET ADDRESS         CITY-ST-ZIP       24 CITY-ST-ZIP         TITLE       DELETE         NAME       31 STREET ADDRESS         CITY-ST-ZIP       34 CITY-ST-ZIP         ITTLE       DELETE         NAME       33 STREET ADDRESS         CITY-ST-ZIP       34 CITY-ST-ZIP         ITTLE       DELETE         NAME       22 NAME         STREET ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         NAME       43 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE       5 TITLE         TITLE       DELETE       5 TITLE         STREET ADDRESS       53 STREET ADDRESS         COTY-ST-ZIP       51 CITY-ST-ZIP         TITLE       DELETE       5 TITLE         STREET ADDRESS       51 CITY-ST-ZIP	familiar with, and accept the obligations of,	f Florida. Such change was authorize	d by the corporation's bo	pration submits this statement for the pur ard of directors. I hereby accept the appo	bose of changing its registered office intment as registered agent. I am
CITY-ST-ZIP       WINTER SPRINGS, FL       14 CITY-ST-ZIP         TITLE       DELETE       21 TITLE       Change:       Addition         NAME       22 NAME       23 STREET ADDRESS       Change:       Addition         STREET ADDRESS       24 CITY-ST-ZIP       Change:       Addition         TITLE       DELETE       31 TITLE       Change:       Addition         NAME       32 STREET ADDRESS       CITY-ST-ZIP       Addition         STREET ADDRESS       33 STREET ADDRESS       CITY-ST-ZIP       Addition         ITTLE       DELETE       31 TITLE       Change:       Addition         NAME       32 STREET ADDRESS       CITY-ST-ZIP       Addition         ITTLE       DELETE       41 TITLE       Change:       Addition         NAME       STREET ADDRESS       COTY-ST-ZIP       Change:       Addition         ITTLE       DELETE       41 TITLE       Change:       Addition         NAME       STREET ADDRESS       COTY-ST-ZIP       Change:       Addition         TITLE       DELETE       S TITLE       -057/04/9601000501201Change:       Addition         NAME       STREET ADDRESS       STREET ADDRESS       COTY-ST-ZIP       Change:       Addition </td <td>familiar with, and accept the obligations of, SIGNATURE</td> <td>Florida. Such change was authorize Section 607.0505, Florida Statutes. d agent and tile # applicable (NOT</td> <td>ed by the corporation's box FE Registered Agent signature requir</td> <td>ard of directors. I hereby accept the appoint when reinstating</td> <td>intment as registered agent. I am</td>	familiar with, and accept the obligations of, SIGNATURE	Florida. Such change was authorize Section 607.0505, Florida Statutes. d agent and tile # applicable (NOT	ed by the corporation's box FE Registered Agent signature requir	ard of directors. I hereby accept the appoint when reinstating	intment as registered agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Further certify that the information indicated on this annual report or supplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficient 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 of Block 13 if changed, or on an antipinent with an address.	familiar with, and accept the obligations of, SIGNATURE 12. OFFICER TILE PT NAME MOATS, WILLIAM SIREELADDRESS 1075 CHESTERFI CITY-ST-ZIP WINTER SPRINGS TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP	f Florida. Such change was authorize Section 607.0505, Florida Statutes.	FE       Registeried Agent signature require         13.         1. 1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         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         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         5.4 CITY - ST - ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS	and of directors. I hereby accept the appoint ed when revisiting) ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI additional appoint ADDITIONS/CHANGES TO OFFI additional appoint ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO	intment as registered agent. Lam