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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90035 050 ***150.00

DOCUMENT # 688254

1. Corporation Name

PALM BEACH COUNTY MEDI-CAR, INC.

Principal Place	e of Business	Mailing Address								
2631 MERCER A	AVE	2631 MERCER AVE								
2631 MERCER A		WEST PALM EBACH FL 33401-7415				DO NOT WRITE IN THIS SPACE				
	ACH FL 33401-7415	US				3. Date Incorporated or Qualifed				
U\$						09/11/1980				1
		Va. Billian Adda				4. FEI Number			Applied For	
——————·	lace of Business	2a. Mailing Address				1		\dashv	Not Applicabl	\dashv
21		Suite Ant # etc				59-2022526		\$9.7	5 Additional	₽ .
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Required	
22		City & State							-	-1
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
7:0	Country	28	Count	tn/			on lotor		<u>ed (0 1 669</u>	
Zip				ı ,		8. This corporation owes the current year Intangible Personal Property Tax.				
24	25 29 9. Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent				
	5. Name and Address of Content	t itagistored Agent		81	Name	(0, 100)				
CAS	O, NICHOLAS		L							_
	MERCER AVE		3	32	Street Addres	ss (P.O. Box Number is Not Acceptable)				
	T PALM BEACH FL 33401		1	B3						
20			1							
			1	84	City			85 2	Zip Code	
						and the state of the surrey	<u> FL</u>		ite rogietorod	-
office or re	egistered agent, or both, in the State (of Florida. Such change was aut	horized l	by th	named corpor te corporation	ration submits this statement for the purpo o's board of directors. I hereby accept the	appoint	ment a	s registered	
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statut	es.						
SIGNATURE						when reinstating) DA	r i-			
	Signature, typed or printed name of registered agen OFFICERS AN		<u> </u>	gent si	signature required v	ADDITIONS/CHANGES TO OFFICER		DIDE	TOPS IN 12	86
12.			13.			ADDITIONS/CHANGES TO OFFICER	O AINL			
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indicated on this annual report or supplemental annual report is to officer or director of the corporation or the receiver or trustee em Block 12 or Block 13 to changed, or on an attachment with an adue and accentate and mat my signature shall have the same legal effect as it made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:

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