| CORP | PROFIT PORATION AL REPORT 996 | | | RIDA DEPART Sandra B. Secretary VISION OF CO | . Mortham y of State | | | | | |
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| Corporation N | | 747916 | | (5) | | | | | | |
| Southe Cademi | RN Associa C health ce | tion of Allie Inters, INC. | ed health | DEANS A | AT A | | | | | |
| incipal Place o | of Business | | Mailing Addr | ess | | | 0 108111 38013 81010 10813 10103 | 11818 8111 81811 818 | 11: A1A11 AJA14 A1 | INSL MTATA ANDIS |
| |) SCH WING E UNC NC 27599-7120 | ссн | | Med Sch Win Ll NC 27599-7 | | Ч | 3. Date Incorporated or Qualifi 06/29/1979 | ed 3a. D | ate of Last F 03/07/19 | Report 95 |
| Principal Plac | ce of Business | | 2a. Mailing A | ddress | | | 4. FEI Number 59-1922000 | <u>l</u> | | pplied For ot Applicabl |
| Suite, Apt. # | , etc. | | 26 Suite, Ap | ot. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | Additional lequired |
| City & State | | | 27 City & St | ate | | | 6. Election Campaign Financin Trust Fund Contribution | ^{pg} | \$5.00 | May Be |
| Zip | Co | untry | 28 Zip 29 | | Countr 30 | у | 8. This corporation has liability Florida Statutes | 🗌 Yes 🛚 | tax under s. | |
| | | dress of Current | | | 81 | I Name | 10. Name and Address of Ne | w Registered | Agent | |
| | 25TH AVE ILLE FL 32605 | | | | 82 | 3 | Idress (P.O. Box Number is Not Acce | | | Code |
| 3705 NW GAINESVI | 25TH AVE ILLE FL 32605 | | and 617,1508, F | iorida Statutes | 83 84 | 3 4 City | protion submits this statement for th | FI e purpose of d | hanoing its re | Code egistered offi agent. I am |
| • Pursuant to or registere familiar with | 25TH AVE ILLE FL 32605 the provisions of \$ ad agent, or both, in h, and accept the o | Sections 617.0502 a 1 the State of Florida bligations of, Sectio | a. Such change ' n 617.0503, Flo | was authorized rida Statutes. | s, the above d by the cor | City Inamed corp poration's bo | poration submits this statement for the oard of directors. I hereby accept the | E purpose of ch appointment a | hanging its re as registered | egistered off agent. I am |
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