COF ANNI	PROFIT RPORATION JAL REPORT 1996	Ê	Sanc	PAR1MENT dra B. Mortha cretary of Stat OF CORPOR	nı e					
1. Corporatio	MENT # ^{n Name} ICARE PLUS, IN	F95000(c.	005468	(2)		1 1001/20 5110 1010				h
Principal Place PO BOX S CORAL SE		N	Mailing Address PO BOX 9084 CORAL SPRINGS	FL 33075						
						3. Date Incorporated of 11/06/1995	Qualified	3a. Date of L	ast Report	
	lace of Business	2a 26	Mailing Address			4. FE! Number 11-311759	9	•	Applied For Not Applicable	
Suite, Apt. 2 City & State		27	Surte, Apt. #, etc.	<u> </u>		5. Certificate of Status		<u> </u>	8.75 Additional Fee Required	
3] Zip	Cou	28 htry	Zip	Cou	ntry	6. Election Campaign F Trust Fund Contribut 8. This corporation has	ion		5.00 May Be Added to Fees	
]	9. Name and Add	29 Iress of Current Regi	stered Agent	30		Florida Statutes 10. Name and Address	Yes Yes	No	-	_
5955	RMAN, LISA NW 99 WAY				81 Name 82 Street A	ddress (P.O. Box Number is No	t Acceptable	e)		-
	AND EL 22027				62					_
	LAND FL 33067	clions 607 0502 and 60	07 1508 Florido Stat	tutas, the abo	83 84 City	nection o their this statement	60- Mr. 8	FL ⁸		
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Pursuant i or register familiar wi IGNATURE	to the provisions of Se red agent, or both, in t ith, and accept the obl	In State of Florida, Suc gations of, Section 607 In of Florens AND DIRE OFFICERS AND DIRE	m change was autho 1.0505, Florida Statut 1.ann+ual-le	NOTE Pagestered NOTE Pagestered 13. 1 1 11 1 2 N ² 1.3 ST	84 City ve-named cor orporation's t Agent senature re- TLE ME REFI ADDRESS	oard of directors. I hereby acce	pt the appoi	DATE	g its registered offici stered agent. I am ECTORS IN 12	9 00F004 (40/00)
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