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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9600006870 (7)

W.S.T. CARE, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Plac	e of Business		Mailing A	ddress				ia artii Aatol aark aarii	DOME COME	11,041 JULIA 10,04	
3050 n. Horse Naples Fl. 339	ESHOE DR. #260 942			Drseshoe dr. : L 34104-7910	#28 0						
							3. Date Incorpor	rated or Qualified	3a. Da	te of Last I	Report
2. Principa! P	lace of Business		2a. Mailin	g Address			4. FEI Number			A	pplied For
1			26				47-062823	38			ot Applicable
Suite, Apt.	#, etc.		27	Apt. #, etc.			5. Certificate of	Status Desired			Additional equired
City & Stat	, 		City & 28	State			6. Election Cam Trust Fund Co	ontribution		Added	May Be to Fees
Zip '''1	Cour	ntry	Zip		Coun	ry		ion has liability for		_	s. 199.032,
4	25		29	11	30		Florida Statut			J No	
	9. Name and Add		Hegistered #	agent		1 Name		ddress of New Re	Gistered A	Gent	
	CORPORATION SY				"	in marile					
) South Pine Isla Ntation FL 33324	ND ROAD				2 Street	Address (P.O. Box Numb	er is Not Acceptal	ole)		
						"					
					1	4 City			FL	85 Zip	Code
	to the provisions of Sa	etions 607 0502	end 607 150	A Florida Statut	oc the sh	we name	Corporation exhaute this	statement for the		changing	its registered
11. Pursuant office or agent. La	registered agent, or bo am familiar with, and a	oth, in the State o ocept the obligat	of Florida. Suc tions of, Section	on change was a on 607.0505, Fk	authorized orida Statu	by the col es.	poration's board of direct	ors. I noreby acco	,		
SIGNATURE	to the provisions of Se registered agent, or bo am familiar with, and an Stynature, typed or pricted na	inve of registered agent	t and title if applica	ibio. (NOT	E: Registered		e required when reinstating)		DATE		
SIGNATURE	Signature, typed or ported na		t and title if applica	ibio. (NOT	E Registered	gent signatur	e tequired when reinstating) ADDITIONS/CI	HANGES TO OFFI	DATE	DIRECTO	RS IN 12
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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 fam an officer 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 13 if changed, or on an attachment with an address.

Daytime Phone # 0008361