SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F97000001518 (6)

Principal Place of Business	M
1946-10TH AVE	49

## **FILED** Jul 29 1998 8:00am Secretary of State

	EAN HEALTH CARE SERVIC					
Principal Place	e of Business	Malling Address			T LEGGISHE OTTE SOTTE (BOTE BOLL BOLL)	gasif Belbi ivder Biter Hoor fait iodt
1946-10TH AVE		4046 16TH AVE				
VERO-BEACH F		VERO BEACH FL 32960				
					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
2 Odnoinal D	Place of Business	20 Mailing Address			03/18/1997 4. FEI Number	1 14 6.15
		2a. Mailing Address	3470			Applied For
Suite Apt.		26 <b>P.O. Box.</b> Suite, Apt. #, etc.	30~0		59-3424793	Not Applicable  \$8.75 Additional
2 400	, -	27			5. Certificate of Status Desired	Fee Required
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be
3 RIVIE	^	28 TEQUEST	E Fi	_	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	<del></del>
3340	25 USA	29 33469	30	J.S.A	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren			/.e.2.11	10. Name and Address of New Registe	ered Agent
GEO	RGE, DON			81 Name		
	CAPE POINT CIRCLE		1	82 Street Addr	dress (P.O. Box Number is Not Acceptable)	
	TER FL 33477		}	62 Street Addi	less (F.O. Box Number is Not Acceptable)	
			j	83		
			}	94 65.		
			ł	84 City	1	FL 85 Zip Code
11. Pursuant	t to the provisions of sections 607.0502	and 607.1508, Florida Statul	es, the abo	ove-named corpo	ration submits this statement for the purpose	of changing its registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was itions of, section 607,0505, F	lorida State	ites.	on's board of directors. I hereby accept the a	appointment ac regional
office or agent. I a						
office or agent. I a SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (N	IOTE: Register	ites.	uired when reinstating) DA	ATE
office or agent. I a SIGNATURE . 12.	Signature, typed or printed name of registored agon OFFICERS AN	it and title if applicable. (ND DIRECTORS		ed Agent signature requ		S AND DIRECTORS IN 12
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