FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIVI	ISION OF CORPORATIONS			1	
DOCUN 1. Corporation	MENT # G9432	20	(0)				
	ric Health Services, in	NC.					
Principal Place	of Business	Mailing Address	is		BON BIBIN BIBIN BIBIN BIB	II BOON DAEN BOO	
2915 S.R. 590)	2915 S.R. 590	0				
SUITE 16 CLEARWATER	FI 34619	SUITE 16 CLEARWATER	El Meio				
CELLITATE	112 01010	OCCAMINATEN	TIL SACIS	3. Date Incorporated or Qualified	3a. Date of Last		
2. Principal Pla	and of Business	2a . Mai⊧ng Add	irace	04/02/1984 4. FEI Number	05/01/19	,	
21	ice of Business	26	n 655	59-2487633	-	Applied For Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt.	#, etc.	5. Certificate of Status Desired	\$8.7	5 Additional	
22		27				Required	
City & State	1	City & State	9	Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Ζφ	Country	This corporation has liability for	A00	· · · · · · · · · · · · · · · · · · ·	
24	25	29	30	Florida Statutes 🔀 Yes	□ No		
	9. Name and Address of Curre	ent Registered Agent	·	10. Name and Address of New F	legistered Agent		
DAVED	MADV DUTU		81 Name				
BAKER, MARY RUTH 3130 THOMAS ROAD CLEARWATER FL 34619			82 Street A	ddress (P.O. Box Number is Not Acceptab	dress (P.O. Box Numbry is Not Acceptable)		
			83	10 10			
- area # 117			84 City		loci -	Zip Code	
			OH City		85 4	ab Code	
				·	FL °° '		
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florid cidal Such change was	da Statutes, the above named constantly authorized by the corporation's h	reporation submits this statement for the pur		registered office	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	02 and 607.1508, Florid rida. Such change was ction 607.0505, Florida	da Statutes, the above named cor s authorized by the corporation's to a Statutes.	rporation submits this statement for the pur board of directors. Thereby accept the app		registered office ed agent I am	
familiar with	h, and accept the obligations of, Sec	ction 607.0505, Florida	a Statutes.		rpose of changing its cintment as registers	registered office ed agent I am	
familiar with	h, and accept the obligations of, Sec Surable speciocombidiness of registeral ag-	ction 607.0505, Florida	da Statutes, the above named cons authorized by the corporation's the Statutes. (1011 Fig. and Apr. Spalacine.		rpose of changing its dintrient as registers DAT:		
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familiar with SIGNATURE 12. TITLE NAME	h, and accept the obligations of. Sec September Specific period ratio, of received as OFFICERS AT PD BAKER, MARY RUTH	ction 607.0505, Florida Glareste Lagar ani ND DIRECTORS	(1015 to gravel April ap	Short when the State p	rpose of changing its cintrient as registers DAT: ICERS AND DIRECT	ORS IN 12	
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certify that the information indicated on this annual report or supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am 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 12 or Block 13 if changed, or on an attachment with an address.

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