PROFIT CORPORATION ANNUAL REPORT 1997	Sandra B	TMENT OF STATE . Mortham y of State :ORPORATIONS	-	997 8:00ar ry of State
OCUMENT # H12266	· · ·			
ipal Place of Business	Mailing Address			OLA DIAN DIDLI DIELL OLALI DIDLI IEDI
SOUTHEASTERN HEALTH CARE MGMT. CLYDE MORRIS BLVD ORANGE FL 32119	C/O SOUTHEASTERN HEALTH CARE MGMT. 4558 CLYDE MORRIS BLVD PORT ORANGE FL 32119-7455			
			3. Date Incorporated or Qualified 07/13/1984	3a. Date of Last Report 02/12/1996
incipal Place of Business	2a. Mailing Address 26		4. FEI Number 59-1423912	Applied For Not Applicable
etc, Apl. #. etc.	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional
ty & State	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
p Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for int	Added to Fees
25 9. Name and Address of Currer		30]		Yes No
JOHNSON, STEPHEN		81 Name	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	
4558 CLYDE MORRIS BLVD.		82 Street Ado	dress (P.O. Box Number is Not Acceptable	)
PORT ORANGE FL 32119		83		
Parcent to the measure of Sections 607 056	12 and 607.1508, Florida Statut	84 City	rporation submits this statement for the pu	FL 85 Zip Code rpose of changing its registered
Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig MATURE	e of Florida, Such change was a lations of, Section 607.0505. Flo	<b>B4</b> City es, the above-named cor authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept	FL pose of changing its registered the appointment as registered
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