Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90300 050 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H30506

1. Corporation Name

MEDICAL	CENTER HOME HEALTH	CARE SERVICES, II	VC.							
										LIAN DIRIKAL
Principal Place	e of Business	Mailing Address						•		
1660 12 N MON	IROE ST	1401 CENTERVILLE RE	1							
TALLAHASSEE FL 32303 BOX 210						no	NOT WRITE	IN THIS :	SPACE	
US	7	TALLAHASSEE FL 323 US	J8-4611			3. Date Incorporated or				1
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0.01.1.10	(D.)	2a. Mailing Address				11/20/1984 4. FEI Number		•		pplied For
	ace of Business	— ·								ot Applicable
21	# -4-	Suite, Apt. #, etc.				59-2461376		-		Additional
Suite, Apt.	#, etc.	<u> </u>				5. Certifcate of Status D	esired		•	equired
22		City & State					·			
City & State	е	— ´				6. Election Campaign F Trust Fund Contributi	-		•	May Be to Fees
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Zip		— ·		лич		This corporation owe Personal Property Ta			ingibie ∐Yes	□Nio
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	9. Name and Address of Curren	it Kedistelen Walli		81 N:	ame	10. Italie and Addition	0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
DAVI	S, JUDY S									
	MICCOSUKEE RD.			82 St	reet Addre	ess (P.O. Box Number is No	ot Acceptable	е)		i
	AHASSEE FL 32308			83						
IALL	ANASSEE FL 32300			83						{
				84 Ci	ity				85 Zip	Code
				<u> </u>				FL		
office or re	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change w	as authorize	d by the	med corpo corporatio	oration submits this statements board of directors. I her	eby accept t	he appoin	tment as r	egistered
ago	· · · · · · · · · · · · · · · · · · ·									
SIGNATURE					oture requirer	t when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Registere		nature required	d when reinstating) ADDITIONS/CHANGE	S TO OFFIC	DATE CERS AN	D DIRECT	ORS IN 12
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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, of on an attachment with an address, with all other like empowered.

Giudice

SIGNATURE:

(850) 681-5238

Daytime Phone #