ν	PROFIT RPORATION IUAL REPORT 1996		Sandra Secret	ARTMENT OF STATE B Mortham ary of State CORPORATIONS			
L. Corporation			T am Livari				
*	LTHCARE FINA			CORP			
Principal Place of Business 4014 Gunn Highway Suite #100 Tampa, Florida 33624		401 Sui	ng Address 4 Gunn Hig te #100	•			
	Place of Business		pa, Florid	a 33624	3. Date Incorporated or Qualified 12/13/85	3a. Date of La 9/19/95	
,	AME	28. M	ailing Address SAME		4. FEI Number 59-2650973		Applied For
Suite, Apt			ute, Apt #, etc		5. Certificate of Status Desired		Not Applicable 75 Additional ee Required
City & Stat	le		ty & State		Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be
<i>Z</i> _i p	Country 25 Hills	borough 29	p	Country 30 Hillsboroug	8. This corporation has liability for	intang ble tax un	ded to Fees der s. 199.032
	9. Name and Address	of Current Register	ed Agent	81 Name	10. Name and Address of New R		
REPKA,	DENNIS L. US HWY 19				ress (P.O. Box Number is Not Accepta		
Suite 4				L	ress (P.O. Box Number is Not Accepta	ible)	P1 Mar. Ad Market
	ater, FL 34621			83	·		
				84 City		B5	Zip Code
Pursuant office or r	to the provisions of Section registered agent, or both, in	ns 607.0502 and 607.	1508, Florida Statut Such change was	es the above-named corp	poration submits this statement for the	purpose of chang	
1. Pursuant office or ragent. La	m familiar with, and accept	t the obligations of Sc	ection 607.0505, Fli	prida Statutes. E Registered Agent signature requir	ed when reinstating)	PATE	ing its registered nt as registered
agent. I a GNATURE	m familiar with, and accept	t the obligations of Se registered agent and like it ap CERS AND DIRECTO	ection 607.0505, Fli	prida Statutes.	tion's poard of directors. Thereby acce	PATE	ing its registered nt as registered CTORS IN 12
agent. Ta IGNATURE. 2. LEDP ME RELLADONESS	Strature toxicity protections of OFFI HARMON, TIMM 16126 Oakmand	t the obligations of Se registered agent and televicing CERS AND DIRECTO G. or Dr.	ection 607.0505, Fli plicator (NOT	E Progressered Agent signature requirement 13. 1.1 Tiff LE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	PATE CERS AND DIRECT	ing its registered nt as registered CTORS IN 12
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