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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J27395

FELT HOME CARE, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90003 002 ***158.75



•.	e of Business	Mailing Address								
S7 S. STATE	RD. 7	767 S STATE RD 7								
UITE 14		SUITE 14								
ARGATE FL 33068		MARGATE FL 33068				DO NOT WRITE IN THIS SPACE				
\$.		US				Date incorporated	or Qualifed			
•						08/06/1986	v			
Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			A	Applied For
1.		26				59-2712585			- N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						esh.	\$8.75	Additional
]		27				5. Certificate of Statu	is Desired	×		Required
City & State		City & State				6. Election Campaig	n Financino		\$5.06	May Be
]		28				Trust Fund Contri	_			to Fees
Zip	Country	Zip	Cou	intry				et voord		
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1	25	29	30	_		10. Name and Addre				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Addit	SS OI NEW K	egisteret	Agent	
CC) .	T, ROSELLA			•••	Name					
				82	Street Addre	ess (P.O. Box Number is	Not Accepta	ble)		
	2 S.W. 2ND STREET					* * * * * * * * * * * * * * * * * * *	e i de racio de cal	4. 4. 8.80	5 mt	ويعينه والمراهد
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•				84	City			FI	' ' 85 Zip	Code """
4 Duminont	to the provisions of Sections 607 0503	and 607 1508 Florida Statut	ac tha a	boyes	named corne	pration submits this state	ment for the	numose o	f changing it	ts registered
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	by th	ne corporatio	n's board of directors. I	hereby accep	t the app	ointment as i	registered
A∜agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Stati	utes.						
GNATURE	•	2								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent a	signature required	when reinstating)		DATE		.
		DIRECTORS	13.			ADDITIONS/CHAN	GES TO OFF	ICERS A		
	PD	D DIRECTORS DELETE	13.	TLE			GES TO OFF	ICERS A	ND DIRECT	
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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, or on an attachment with an address, with all other like empowered.