ANNU	PROFIT PORATION JAL REPORT 1996				a B. Mortha etary of Sta	am te						
DOCUI	MENT #	J88229	9	(6)								
ADVA	NCED HEALTH	CARE, INC.							IBHB IIBIJ III	11 4 14 11 6 1811	DIBII BIBII BII	irk biðir blom Joh
Principal Place	of Business		Mailing A	ddress								
4422 LAFAYETTE P O BOX 188 MARIANNA FL 32447-0188		POB	4422 LAFAYETTE P O BOX 188 MARIANNA FL 32447-0188				Allen (Allen (Allen Allen (Allen (A					
US			U\$				3.	08/18/1987	r Qualified	1	te of Last F 04/21/1 !	•
2. Principal Pla	ace of Business		2a. Mailin 26	g Address			4.	FEI Number 59-2876296	·			Applied For Not Applicable
Suite, Apt.	⊭, etc.		Suite,	Apt. +, etc.			5.	Certificate of Status			\$8.7	5 Additional Required
City & State			 	State			6.	Election Campaign F	_		\$5.0	May Be
Zip	Gour 25	itry	Zip 29	·····	30	intry	8.	This corporation has Florida Statutes	liability for	intarigible t		· · · · · · · · · · · · · · · · · · ·
	9. Name and Add	ress of Current		Agent	_13.7	81 Name	10.	Name and Address			Agent	
4523 D	N, PHILIP W. ECATUR ST INA FL 32446					83	Address (P	O. Box Number is No	ot Acceptab	ole)		
4523 Di Marian	EČATUR ST INA FL 32446					83 64 City				FL	_	p Code
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Daytime Phone #

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