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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

## **FILED** May 08 1998 8:00am Secretary of State

DOCU	IMENT # J9188	34 (3)			
	REGATE CARE CONCEPT	` '			
30.75					DJAN BIRNI BIRNI BIRNI BIRNI IRDI
Direct con		A 4 - 17 A - 1	<del> </del>		81911 B1811 B1811 B1811 B1811 1881
,	ce of Business	Mailing Address		1	
750 STARKE LARGO FL 3		750 Starkey RD. Largo Fl 34641			
US		Dillion ( E Stoti		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
• Orleans (	Place of Business	A Mailine Address	·	09/08/1987	<del></del>
_	Place of Dusiness	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, etc.	26 Suite, Apt. #, etc.	<del></del>	59-2844100	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curr		30	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
14		our neglereren Agent	81 Name		ed Agent
MOSES, MICHAEL 750 STARKEY RD.			C.	futhing c Ellis	
LARGO FL 34641			82 Street Add	ress (P.O. Box Number is Not Acceptable)  PRANKIN	<del></del>
DANGO (C 0404)			83		
ì				te 2700	
			84 City	a mea	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent. I	am familiar with, and accept the obl	ligations of, Section 607.0505, Flor	ida Statutes.	ation's board of directors. Thereby accept the	
SIGNATURE	_ C &1L	r sate	····		4/29
10	Signature, typed or pointed name of registered	ago Carl Tillo Capplicable (NOTE AND DIRECTORS	Registered Agent signature requ		
12. TITLE	DITIONS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	MOSES, MICHAEL		1.2 NAME		_ , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34641		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ĺ
STREET ADDRESS			2.3 STREET ADDRESS	·	
CITY-ST-ZIP		Driere	2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME REPORT ADDRESS	1		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	1		44 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		

14. Thereby 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.

4/13/00

1813/585-1221