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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K22397

(9)

Corporation Name
SUPPORTIVE HEALTH SERVICE CORP.

FILED
May 09 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 2500 E. HALLANDALE BLVD. STE W HALLANDALE FL 33009 US HALLANDALE FL 33009-4833 US				3. Date Incorporated or Qualified 3a. Date of Last Report				
Same	as above	Same a	s abo	ve	3. Date Incorporated or Qualified 05/03/1988		/29/1996	iepori
·	ace of Business	2a. Mailing Address			4. FEI Number 65-0044415		} 	oplied For of Applicable
Suite, Apt	#, etc	26 Suite, Apt. #, etc.	·····		Certificate of Status Desired		\$8.75	Additional
City & State	**************************************	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
- Ζ ιρ	Country	Zip	Count	try	8. This corporation has liability for			. 199.032,
24	25 25 9. Name and Address of Cur	cent Pagietered Agent	30		Fiorida Statutes 10. Name and Address of New R	Yes		
004	S, NERY	rent Registered Agent		1 Name	10, Name and Address by New N	redistered	a waaur	
2052	O NE 13TH CT. MIAMI BCH FL 33179		8	3 20521	Nery Gras dress (P.O. Box Number is Not Accepte O. N.E. 13th Ct.	able)		Code
	_	•	8	4 City	N.M.B.	FI	L 85 Zig	3179
		500 1007 4500 51- 11- 01-1	ton the she	ve-named cor	rporation submits this statement for the	purpose	of changing i	ts registered
11. Pursuant office or r	to the provisions of Sections 60 .0 egistered agent, or both, in the St or Lamiliar with Lami agreet the ob-	ate of Florida Such change was ligations of Section 607 0505. F	authorized Iorida Statut	by the corpora	atten's board of directors. I hereby according	ept the ap	pointment as	109.010.00
	to the provisions of Sections 60 C egistered agent, or both, in the St m familiar with, and accept the ob	2002 and 607 1508, Florida Statuate of Florida Statuate of Florida Such change was oligation 607.0505, F	authorized lorida Statut	by the corpora	atton's board of directors. I hereby acco	ept the ap	pointment as	7
11. Pursuant office or r agent. La SIGNATURE	Signature Typy dion printed manie or registered	agent and title if applicable. (NC	OTE: Registered	1/x	ulred when reinstating)	GATE	29/9	
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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 eath; the same an officer or director of the corporation or the relever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Black 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRILLED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

954-458-0770

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