

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K87377** (3)

1. Corporation Name
AM-PRO HEALTH CARE, INC.



Principal Place of Business

**1809-1911 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311**

Mailing Address

**1809-1911 N. ANDREWS AVE
FT. LAUDERDALE FL 33311
US**

3. Date Incorporated or Qualified **05/11/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **5170 N. FEDERAL HWY**
Suite, Apt. #, etc. **1ST. FLOOR**
City & State **FT. LAUDERDALE, FL**
Zip **33308** Country **U.S.A.**
2a. Mailing Address
26 **5170 N. FEDERAL HWY**
Suite, Apt. #, etc. **1ST. FLOOR**
City & State **FT. LAUDERDALE, FL**
Zip **33308** Country **U.S.A.**

4. FEI Number **65-0119331** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MULLIGAN, SHEILA R.
801 S. FEDERAL HWY #921
POMPAHO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent of the corporation

(If the Registered Agent Signature Relieved when Revoking)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MULLIGAN, SHEILA R	801 S. FEDERAL HWY, #921	POMPAHO BEACH FL	<input type="checkbox"/>
S	MULLIGAN, MICHELE G	801 S. FEDERAL HWY., 121	POMPAHO BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (954) 771-0017
Date Daytime Phone

CR2E034 (12/95)