COF	ON OR BEFORE 9/17/97: \$550 (IF DIS PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPAR Sandra B. Secretar	TMENT OF STATE . Mortham y of State :ORPORATIONS	Aug 04	1997 8:00a ary of State	
FIRST A	MENT # K95096 MERICAN HOME CARE OF The of Business	· · ·				
20 Darien 1 (Te 209	łWY	3528 DARIEN HWY PAMELA SMITH, LEGAL DE	ept.			
UNSWICK GA 31525		BRUNSWICK GA 31525			DO NOT WRITE IN THIS SPACE	
		US		<ol> <li>Date Incorporated or Qualified 06/13/1989</li> </ol>	I 3a. Date of Last Report 05/01/1996	
1 ·	Place of Business	2a. Mailing Address	10 . Di .	4. FEI Number	Applied For	
LOO Suite, Apt.		26 10065 KC	d RUN Blud	. 59-2439008	Not Applicab	
		27		5. Certificate of Status Desired	Fee Required	
City & State Owners Mills, MD		City & State 28 OWINGS Milk, MD		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Zip	Country	8. This corporation owes or has p		
dI	9. Name and Address of Curre		30 UJA	Personal Property Tax due Jur 10. Name and Address of New F		
	CORPORATION SYSTEM		81 Name			
	0 S. PINE ISLAND ROAD NTATION FL 33324		82 Street A	Address (P.O. Box Number is Not Accept	able)	
FUN	nianun el 33324		63			
			84 City		85 Zip Code	
Bureveet	to the provisions of Costings 607.05	02 and CO7 1509 Elocido Platuta		concretion or bails this statement for the		
office or i	registered agent, or both, in the State	e of Florida. Such change was a pations of Section 607.0505. Flo	uthorized by the corp rida Statutes.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment as registered	
GNATURE						
	Signature, typed or printed name of registered ag OFFICERS AN	ent and tille it applicable (NOTE ND DIRECTORS	.: Registered Agent signature i	required when reinstating)	DATE ICERS AND DIRECTORS IN 12	
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