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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

ROBINSON HEALTH CARE COMPANIES, INC.

FILED Apr 09 1998 8:00am Secretary of State



### Address of Business Mailing Address Ft. MTRR Ft. 33901-9010 Pace of Business 2a. Mailing Address 4. Ft. Number Applied For 10/13/1988 25. Mailing Address 4. Ft. Number Applied For Not	Principal Pl												
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Personal Property Tax due June 30. Yes No No No No No No No N			······································				-						
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445 8 CLEVELAND AVE FT MYERS FL 33901 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of. Section 807.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ROBINSON, KENNETH D 1.2 STREET ADDRESS SIRRET ADDRESS				negistered Age	<u> </u>	- ;	H N	me	10. Name and Address of New H	egistered	Agent		4
### City ### B\$ 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 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, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 11. TITLE PROBINSON, KENNETH D 12. RAME SIREET ADDRESS SIREET ADDRESS OITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Addition Change Addition Addition Change Addition Addition Addition Addition Change Change Change Change Change Change Change Change Change Change Change Chang						<u> </u>							
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I hereby 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 op an attact plent with an address.

SIGNATURE: