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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

### DOCUMENT # L47238 1. Corporation Name

DAWSON ADULT CARE INC.

# **FILED** Feb 20, 1999 8:00 am Secretary of State

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							84	City	<u> </u>					•			85	Zip C	ode
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 suppliemental 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 of the receiver of 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 for any attachment with an address, with all other like empowered.

**SIGNATURE:** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-97 561 848-0354