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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76700

(8)

CARE GIVERS MEDICAL OFFICES INC.

FILED Mar 24 1997 8:00am Secretary of State



	⊈Busioess	Mailing Ad	Mailing Address							
i057 washingto Viami Beach Fl		1057 WASHINGTON AVE MIAMI BEACH FL 33139-5017								
							3. Date Incorporated or Qualifie 05/31/1990		te of Last 3/1996	Report
r. Principal Élace of Business		2a. Mailing 26	2a. Mailing Address 26				0= 040000			Applied For Not Applicabl
Suite, Apr. #,	etc	Suite, #	Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & 5	State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζip	Country	Zip		Cour	ntry		8. This corporation has liability f		tax under	s. 199.032.
	25	29		30			Florida Statutes	<del>-</del> -	No	
	g. Name and Address of Cur	rrent Registered A	gent			••	10. Name and Address of New	Registered /	\gent	
	GUEZ, M. CARMEN				81	Name				
	Nashington ave Beach FL 33139					Street Addr	ess (P.O. Box Number is Not Accep	table)		
					83					
				}	84	City			<b>85</b> Zip	Code
						•	poration submits this statement for th	FL	1 .	
GNATURE 	paties, typed or per trainaise of regedered OFFICERS A	Lagent and title if applicable AND DIRECTORS	e (NO		Ageni	l signature reguli	red when reinstating)	DATE	DIDECTO	DE IN 19
				13.			ADDITIONS/CHANGES TO OF	FICERS AND		
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14. I do 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 of this 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 changot, prior an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/18/97 (305) 539 9009*