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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

**DOCUMENT # M60235** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90156 040 \*\*\*150.00

HOME C	ARE MANAGEMENT SERVICE	CES, INC.								
Principal Place of Business 8676 GRIFFIN RD COOPER CITY FL 33328 US		Mailing Address 8676 GRIFFIN RD 8632 GRIFFIN RD COOPER CITY FL 33328					III IIIII IIIII II			DIRECT RIVIT (DR)
		US				3. Date Incorporated 09/30/1987	l or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 65-0012649			<del></del>	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. ,		5. Certifcate of Statu	s Desired			Additional equired
City & State	e	City & State	··			6. Election Campaig Trust Fund Contri			•	May Be to Fees
Zip <b>Zi</b> p	Country 25	Zip 29	Cou	intry		8. This corporation of Personal Property	wes the curi	ent year Inte		<b>×</b> 400
24	9. Name and Address of Curren		1001			10. Name and Addre		Registered A	Agent	
SAM	UELS, EUGENE P			81	Name					
	GRIFFIN RD			82	Street Addres	ess (P.O. Box Number is	Not Accept	able)		
C00	PER CITY FL 33328			83						
				84	City			FL	85 Zip	Code
11 Pureuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	ites, the a	bove-r	named corpor	pration submits this state	ment for the	purpose of	changing its	registered
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligated signature, typed or printed name of registered agents.	of Florida. Such change was tions of, Section 607.0505, Fl	authorized orida Stati	i by th utes.	named corporation	n's board of directors. I	ement for the hereby acce	purpose of	changing its	registered
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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 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 focus of the 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 an address, with all other like empowered.

**SIGNATURE:** 

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