## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

oration Name	0001224						
HINUING CARE, INC.							
				* 822 7 5 82753_90061_	3 *		
Flace of Business	Mailing Address						
PENN WAY 1. 34293 2. VENICE FL 34293 US							
pal Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 03/04/1997		<del></del>	
, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-1943479	<del> </del>	plied For at Applicable	
l State	City & State			5. Certificate of Status Desired	\$8.75 A	Additional	
Country	Zip	Countr	ry	6. Election Campaign Financing	\$5.00	May Be	
25 29		30		Trust Fund Contribution  10. Name and Address of New Register		Added to Fees	
9. Name and Address of Curr	ent Registered Agent	8	1 Name	iv. Name and Address of New Register	en Waur		
, WILLIAM R		82	_L	ress (P.O. Box Number is Not Acceptable)			
WILLIAM PENN WAY ≥ FL 34293		8:	3				
		84	4 City		85 Zip (	Code	
registered agent, or both, in the Sta	te of Florida. Such change was au	thorized b	y the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	gistered	
s registered agent, or both, in the State I am familiar with and accept the oblication of signature, typed or printed name of registered a	gations of, Section 617.0503, Flori	ithorized by ida Statute Registered Agr	y the corporations.	on's board of directors. I hereby accept the ap-	1/7/9	gistered	
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annual report or supplemental annual report is true and accurate and that my signature shall fixed the same legal effect as it made under oath, that it am are of director of the corporation or the receiver of trustee empowered to excurate and other like enjoyates required by Chapter 617, Florida Statutes; and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM REPORTS