2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90298 012 ***150.00

1. Entity Nam	MENT # P0200098 ADULT HEALTH & SKIN CA								
Principal Place of Business Mailing Address 3575 BONITA BEACH RD 6161 TIDEWATER ISLAND BONITA SPRINGS, FL 34134 FT MYERS, FL 33908			D CIRCLE		s		94055	489	•
	lace of Business Tide water ds/wd Cir #, etc.	3. Mailing Address Suite, Apt. #, etc.			03192004	Chg-P	CR2E034 (dit Reije elije	
City & State	myers, 7L	City & State		·	4. FEI Number 30-0117			App	olied For Applicable
707 C	Country	Zip	Country			f Status Desired		.75 Addit	tional
	6. Name and Address of Current F	legistered Agent			7. Name and A	ddress of New Re	gistered Age	nt –	
ROBISON	LINDA R		Nan	ne		_			
ROBISON, LINDA R 6450 PINE AVE SANIBEL, FL 33957			Stre	Street Address (P.O. Box Number is Not Acceptable)					
				<u></u>					
			City	•			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered offic	ce or register	ed agent, or both	, in the State of Flo	rida. I am fami	lliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent s	signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	in Financing	\$5.	00 May Be ed to Fees		1		
10.	OFFICERS AND I	·	11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	DPT FIRMENT, PHD., ARNP, LYNDA	☐ Delete R	TITLE NAME				- 1	Change	☐ Addition
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CITY-ST-ZIP	BONITA SPRINGS, FL 34134				4///40			-	
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NAME	DS FIRMENT, CONRAD M	☐ Delete	TITLE NAME	70,	rt my	RS,7L	3390 F) 8' j*Change	Addition
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STREET ADDRESS City-St-Zip	FIRMENT, CONRAD M		TITLE NAME STREET ADDRI CITY-ST-ZIP	70,	et my e	RS,7L	3390 R W Cir 3908	OS' d'Change	Addition
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r mereby ceruly mature 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 report or supplemental 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 divisee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.