PROFIT CORPORATION ANNUAL REPORT

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Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

			05-05-1999 90148 001 ***150.00						
DOCU	MENT # P20685	5/							
i. Corporation	ı Name								
HOSPITA	NL HOUSEKEEPING SYSTE	EMS OF HOUSTON, INC	j.			-			
		 							
Principal Place		Maxing Address							
1601 EAST BAY	C DR	1601 EAST BAY DRIVE							
#2 LARGO FL 33771		#2 LARGO FL 33771		DO NOT WRITE IN THIS SPACE					
US		บร		3. Date Incorporated or Qualifed					
				08/29/1988					
	lace of Business	2a. Mailing Address		4, FEI Number	App	nied For			
21		261		74-1919389		Applicable			
Suite. Apt.	≠. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A				
22:		27:			Fee Rec				
City & State	= .	City_& State	•	- 6. Election Campaign Financing	-\$5,00-f Added to	•			
Zip	Country	Zip	Country	8. This corporation owes the current year					
241	25	· · · · · · · · · · · · · · · · · · ·	301	Personal Property Tax.		□No			
	9. Name and Address of Curre		1	10. Name and Address of New Register					
			.81 Hame						
	YD, ROBERT R.		87' Street An	dress (P.O. Box Number is Not Acceptable)					
	CREEKVIEW CT.		i Silicer Ad	()					
LARC	30 FL 34640		83						
			i 94 City		Los Li Zio C	'odo			
			84 City	F	85 Zip C	ode			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Flonda Statute	es, the apove-named co	rporation submits this statement for the purpose	of changing its i	registered			
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the dolig	e of Florida. Such change was at	es, the above-named couthonzed by the corpora		of changing its i	registered			
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OLDSMAR FL 34677 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 receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Slock 13 if chapters or on an attachment with an address, with all other like an occurred.

6.2 NAME

6.3 STREET 400RESS

DELETE

SIGNATURE:

TS

LACKEY, KEITH

4969 POINTE CIR

TITLE

VAME

STREET ADDRESS

Change

Addition

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS 493138-90148-1 P20685

DOCU 1. Corporation	IMENT # on Name						Please Se	e d	tec	hed	\
Principal Pla	ce of Business		illing Address								
i imapari la	cc or business	· · ·	ming Address								
							DO NOT WRI	TE IN THIS	SPACE		7
							Date Incorporated or Qualifed				
2 Principal (Place of Business	22	Mailing Address				4. FEI Number			_:_:	-
21	ridee of Business	26	Maining Address				4. I Li Italiibei		<u> </u>	pplied For ot Applicable	-
Suite, Apt	:. #, etc.	20	Suite, Apt. #, etc.							Additional	1
22		27					5. Certifcate of Status Desired		Fee Re		
City & Sta	ite		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	<u> </u>	· - ·		-	- Trust Fund Contribution			to Fees	ļ
-Zıp	Cõi	· —	Zip	~ Coun	itry		8. This corporation owes the curr	ent year Int			
24	25	29 dress of Current Regist	ered Acopt	·0 			Personal Property Tax. 10. Name and Address of New F	Pagistarad	☐ Yes	□No	-
	3. Name and Ad	areas of Outrent Regist	ereu Agerit		81 Nam	ne	To. Name and Address of New P	registereu .	Agent		1
									<u></u>		1
					82 Stre	et Addres	ss (P.O. Box Number is Not Accepta	able)			
				ļ	83						1
•				-	B4 City				os Zin (Code	1
					City			FL	85 Zip (200 0	
11. Pursuant	t to the provisions of S	ections 607.0502 and 60	7.1508, Florida Statutes	, the ab	ove-name	ed corpor	ation submits this statement for the 's board of directors. I hereby accept	purpose of	changing its	registered	1
agent. I a	am familiar with, and a	ccept the obligations of,	Section 607.0505, Floric	la Statut	es.	n posadon	a board of directors. Thereby accep	л ше арроп	minerit as to	gistored	
SIGNATURE											Ι.
12.	Signature, typed or printed n	ome of registered agent and title if OFFICERS AND DIREC		13.	gent signatu	ira required w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12	1 g
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CITY OF THE	. ,				- ST- ZIP	1	,				ł

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 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 changed, or on an attachment with an address, with all other like empowered.

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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