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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000033171 (8)

|   | ED CARE SOLU  | JIIUNS, INC   |  |                                 | • • • • • • • • • • • • • • • • • • •  |  |   |             |   |                 |           |  |                                     |
|---|---|---|--|---------------------------------|--|--|---|-------------|---|-----------------|-----------|--|-------------------------------------|
| Principal Place of Business<br>15451 SW 67 CT<br>MIAM! FL 33157<br>US   |   |   | Mailing Address<br>15451 SW 67 CT<br>MIAMI FL 33157-2617<br>US |                                 |  |  |   | {           | 146  3 <b>  1</b> 86  31   186  187  188  188 |                 |           |  |                                     |
| ••  |   |   |  |                                 |  |  |   |             | ate Incorporate                               | d or Qualified  |           | Date of Last F                         | Report                              |
| <ul> <li>Principal P</li> </ul>   | Place of Business   |   | 2a, Mailing  | n Aridress                      |  |  |   |             | <b>5/05/1993</b><br>El Number                 |                 | UO        | /06/1996                               | pplied For                          |
| 21  | <b>a</b> '  |   |  | 26                              |  |  |   |             | NOT APPLI                                     | CARLE           |           | } <del>-</del>                         | pplied For<br>lot Applicab          |
| Sulte, Apt.   | Sulte, Apt. #, etc.   |   |  | Suite, Apt. #, etc.             |  |  |   | 7           | ertificate of Stat                            |                 |           |  | Additional                          |
| 22  |   |   | 27   |                                 |  |  | _ +   | 3,          | ertineate or Siai                             | lus Desireo     |           | Fee R                                  | equired                             |
| City & State  | City & State  |   |  | City & State                    |  |  |   | - 1         | lection Campaig<br>rust Fund Contr            | •               |           |  | May Be<br>to Fees                   |
| Zip   | <b>├-</b>   | untry   | Zip  |                                 |  | ountry   |   | - 1         | his corporation                               |                 |           | President Control                      | s. 199.032,                         |
| 24  | 25  |   | 29   |                                 | 30   | - <del></del>  |   | <del></del> | Iorida Statutes                               |                 |           | □ No                                   |                                     |
|   | 9. Name and Ad  | Idress of Curren  | il Hegistered A  | gent                            |  | 81   | Name  | 10. r       | lame and Addr                                 | ess of New H    | egistereu | Agent                                  |                                     |
|   | Z, BARRY I  |   |  |                                 |  |  |   |             |   |                 |           |  |                                     |
|   | 51 SW 67 CT<br>MI FL 33157  |   |  |                                 |  | 82   | Street Add  | dress (P.C  | ). Box Number i                               | s Not Accepta   | ible)     | _                                      |                                     |
| ITIN'W  | MI CL 33101   |   |  |                                 |  | 83   |   |             |   |                 |           |  |                                     |
|   |   |   |  |                                 |  |  |   |             |   |                 |           | leel Zin                               | A -12                               |
|   |   |   |  |                                 |  |  |   |             |   |                 |           | 85 Zip                                 | Code                                |
| 11. Pursuant f  | to the provisions of  | Sections 607.050  | 12 and 607.1508  | ≀ Florida Stati                 | utes, the a  | 84<br>above  | City<br>-named co   | rnoration   | submits this stat                             | ement for the   | nurbose o | of changing                            | its reaistere                       |
| office or re<br>agent. I as<br>SIGNATURE  | to the provisions of cogistered agont, or am familiar with, and                                   | both, in the State accept the obligation of registered again  | of Florida, Suci<br>ations of, Sectional and the day           | h change was<br>on 607.0505, F  | s authorize<br>Florida Sta<br>Oit Tegslen  | above-<br>ed by<br>atutes.   | -named co   | ation's bo  | ard of directors.                             | . I hereby acce | DATE      | pointment as                           | s registered                        |
| office or reagent. I as SIGNATURE   | registered agont, or a militar with, and signature, typed or printed                              | both, in the State accept the obligation of registered again  | e of Florida. Such<br>ations of, Section                       | h charige was<br>on 607.0505, f | s authorize<br>Florida Sta<br>ou: Impsien<br>13.   | above-<br>ed by<br>atutes.   | -named co<br>the corpora  | ation's bo  | ard of directors.                             | . I hereby acce | DATE      | pointment as                           | s registered                        |
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