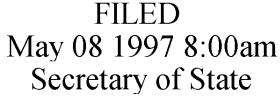
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P93000038039 (2)



FIALLA	HEALTH SUPPORT SERVIC	ES, INC.					
Principal Place of Business		Mailing Address	Mailing Address			I ahind iiddi falli bolda iit	
1732 STARLIGHT DRIVE CLEARWATER FL 34615		1732 STARLIGHT DRIVE CLEARWATER FL 34615-1645					
					3. Date Incorporated or Qualified	3a. Date of Last I	Report
			· · · · · · · · · · · · · · · · · · ·		05/24/1993	05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number +		pplied For	
21 Suite, Apt #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		60.75		lot Applicable
22		27		5. Certificate of Status Desired		Additional lequired	
City & Stat	6	City & State	City & State		8. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added Added	to Fees	
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curren	1 Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes Agent	
FIAI	la, clara m		81	Name	10.	Sierona Manie	
	2 STARLIGHT DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptate	\la\	
CLE	ARWATER FL 34615			311901 700	ress (r.o. Exx Number is Not Acceptat	ne)	
			B3				
			B4	City		85 Zip	Code
44 D				FL T T T T T T T T T			
office or r	egistered agent, or both, in the State	of Florida, Such change was a	es, the above authorized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing of the appointment as	its registered s registered
	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes	S .			
SIGNATURE	Signatine, typod or printed name of registered age	nt and title if applicable (NOT)	E Registered Age	nt signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
JIJTE	PVTS	☐ DELĒTE		ŀ		Change	Addition
NAME	FIALLA, CLARA M.		1.2 NAME				
STREET ADDRESS	1732 STARLIGHT DR. CLEARWATER FL		1.3 STREET ADDRESS				
CITY+ST+7IP TITLE			1.4 CITY-S' 2.1 TITLE	1-214		Change	Addition
NAME		22					
STREET ADDRESS			2.3 STREET	ADDRESS		pr - 0	
CHY+\$1-20P			2. 4 CiTY - 5	IT-ZIP			
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME		÷		
STREET ADDRESS			3.3 STREET				
CITY - S1 - 7(P TITLE		DELETE	3.4 CITY-S 4.1 TITLE	11-ZIP		Change	Addition
NAME			4. 2 NAME				
STREET ADOPESS			4.3 STREET	ADDRESS			
ČITY+\$1+ZIP			4.4 CITY-S	T-21P			
THEE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET				
CITY - ST - 7/P	FIRST OF THE RELEASE AND A STANDARD CONTRACT OF THE STANDARD CONTRACT O	T Kriete	5.4 CITY-ST	r-zip			
THLE		☐ DELETE	61 TITLE	-		LJ Change	Addition
NAME STORE LAMBORS			62 NAME	ADDOLOG			
STREET AUDRESS			63 STREET	ADDRESS			

14. I do 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.