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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation Name

P93000081973 (8) **DOCUMENT #**

TISHA CARE CORPORATION

Principal Place of Business Mailing Address



ORLANDO F	olonial Fl 32803	3218G E. COL Orlando Fl				Date Incorporated or Qualified 11/30/1993	3a. Date	of Last Re 2 /20/19	
a Englandered Ede	ace of Business	2a, Mailing Addre				4. FEI Number			opplied For
2. Principal ma 1]	ROG O. EXTRINGUE	26				59-3214403			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		See Required	
City & State	C:	City & State				Election Campaign Financing Trust Fund Contribution			May Be
3	·	28		Country		8. This corporation has liability fo	r intangible ta		
2(p T1	Country	Zip 29	3			Florida Statutes 🔲 Ye	s W No		
25 29 9. Name and Address of Current Registered Agent				-1		10. Name and Address of New Registered Agent			
	9, Haine and Address of C			81	Name				
OTIDIA	ELL, SONG P			82	Etropt Add	lress (P.O. Box Number is Not Accept	able)		
	NORMANDY TRACE ROAD		502 Street Add		Suber Add	1655 (10. 20. 11.			
	4 FL 33602			83					
IAMPA	4 FL 00002			84	City			85 Zi	p Code
				1 -		oration submits this statement for the p ard of directors. I hereby accept the ap	FL	11	
SIGNATURE	Seprence, typics or purpositionable of register		HOM)	Hegisteren Agr	att signature rodui	red when reinstating)	DATE	DIRECTO	ORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath, 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.

SIGNATURE:

SIGNATURE:

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