FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000011518 (5)

LVN OF NORTH FLORIDA, INC.								
Principal Place of Business 2700 N. E STREET PENSACOLA FL 32505		Mailing Address 2700 N. E STREET PENSACOLA FL 32505		1 1 1 1 1 1 1 1 1 1	1 20 11) 401 11 131	191 11 531 S i	ig: 11981 HIII 499)	
		US			3. Date Incorporated or Qualified 02/11/1994	3a. Date	of Last F 5/01/19	•
2. Principal Plac	e of Business	2a. Maining Address			4. FEI Number			Applied For
SALLE AS ABOVE		26		OO OEE / T IE			Not Applicable	
Suite, Apt #.		Suite, Apt. #, etc			5. Certificate of Status Desired			5 Additional Required
City & State		City 8 State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
23 Zip	Country		Country		8. This corporation has liability for	intangible ta		
24	25	11 1	30		Florida Statutes Yes	-	A gont	
	9. Name and Address of Curre	nt Registered Agent	81	T Nooss	10. Name and Address of New F	registereo.	April	
			81					
LE, LILY HA 2700 N. E STREET			82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
	OLA FL 32505		63					
, 2,10,10			84	City		FL	85 2	Zip Code
or registere familiar with SIGNATURE	id agent, or both, in the State of Fion i, and accept the obligations of, Social agent is, hybrid or protection as a characteristic	nda Such change was ammorzed thon 607.0505, Florida Statutes.	- Pagabrie I Agr	(CIA)(OFF 3 1705	ration submits this statement for the purify of directors. Thereby accept the application of the directors and the purify accept the ADDITIONS/CHANGES TO OF	TIATI		
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change	
TITLE	PSTD	[]] DELETE	1 1 T.TLE 1 12 NAME					
NAME	LE, LILY HA			LADORESS				
STREET ADDRESS	2700 N. E STREET PENSACOLA FL 32505		1.3 STREE					
CITY-ST-ZIP TITLE	PENSACOLA PL 32303	DELETE	2 1 T TLE				Chang	e 🔲 Addition
NAME			2.2 NAME					
STREET ADDRESS			23 STREE	:CADORESS				
CITY-ST-ZIP			2 4 CITY				Chana	e 🗍 Addition
TITLE		☐ DELETE	3 1 11/11				Chang	e Magningly
NAME			3.2 NAME					
STREET ADORESS				FT ADDRESS				
CITY - ST - 24F		DELETE	3.4 CITY 4.1 TIE				Chang	e 🔲 Addition
TIFLE		C_J beccir	4.2 NAM					
NAME CYNCEL ADDRESS				ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4.4.005					
TITLE		☐ D£LETE	5 1 h/s				☐ Chang	ge 🔲 Addition
NAME			5.2 NAM	t				
STREET ADDRESS			5.3 STHE	FT ADDRESS				
CITY - ST - ZIP				- ST - 7-P			☐ Chang	ge 🔲 Addition
THILE		☐ DEFFIE	6 1 1/11				الله ال	a F1 vagurou
NAME			6.2 NAM					
STREET ADDRESS			1	ELADDRESS				
CITY - ST - ZIP			6.4 C+TY	·ST-ZIP		0.07.0714	Latination CT	at doc I further

14. I do hereby certify that the information supplied with this fling 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 certify that I am an officer or enection of two corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging, or on an attachment with an address

SIGNATURE:

PRINTEGNAME OF SIGNING OFFICER OR DIRECTOR

(404) 435 0515