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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P9400025957 (9)

ASSOCIATES IN HEALTH CARE, INC.						
Principal Place o	of Business		alling Address			/B/III
,			00 E. MADISON ST.			
300 E. Madison St. Suite 201 Tampa Fl 33602			SUITE 201 TAMPA FL 33602			
		Ī			Date Incorporated or Qualifie	ed 3a. Date of Last Report
					04/05/1994	05/01/1995
2. Principal Plac	ce of Business	. 2a.	Mailing Address		4. FEI Number	Applied For
1/00/4). Kennedy	Blud. 26	100 W. Ke	ennedy Blud	59-3239216	Not Applicable
Suite, Apt #,	, etc.				5. Certificate of Status Desired	\$8.75 Additional
2 Sle.	750	27	St. 75	0	C. Commode of Claras position	Fee Required
City & State		L-7.	City & Stale	(1	6. Election Campaign Financing	40,00) 20
3 T HAY	pa pc	28	jumpa,	Country .	Trust Fund Contribution	Added to Fees
133/10	() () () () () ()	5 29	33/403	30 COUNTY S.		for intangible tax under s. 199.032, Yes W No
10000	9. Name and Address		tered Agent	130 07.0	10. Name and Address of Nev	
		'		81 Name	\ '.	-1
WILLETT	THOMAS K			82 Street Add	omas Kujice	<u>H</u>
	ADISON ST.			100 Add	tress (P.O. Box Number is Not Accep	Selly Blud.
SUITE 20				83	1 760	
TAMPA F				<u> </u>	se. 750	[aa] 7 - O-d-
***************************************	- ****			B4 City	1 100 00	FL 85 25 500 2
	. the providings of Costings	e 607 0502 and 60	7 1509 Florido Statuta	es the above named corpo	pration subtnits this statement for the	purpose of changing its registered office
11. Pursuant to	Fille provisions of Sections	a COLLOSOE BILL CO.	7.1006, FIDHUA Statute	so, and about married delipe		
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or registere familiar with	or decisions or decisons of decisons and accept the obligation	ate of Florida. Such	i change was authorize	ed by the corporation's boa	ard of directors. I hereby accept the a	арропителт аз гвузсегво аделс. гат
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SIGNATURE: SIGNATURE: SIGNATURE SIGNING OFFICER OR DIRECTOR Thomas KWI LEH 2/1/5/8/8/3-201-9555

CR2E034 (12/95)