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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000082212

1. Corporation Name

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90036 044 \*\*\*150.00

AMERIC#	IN HEALTH SERVICES OF	BROWARD, INC.									
Principal Place	of Business	Mailing Address				1 (88)	(881 518 18111 B1611 88			18 81 11 <b>314</b> 111	01 1 <b>00</b> 1
7483 N.W. 4TH	STREET	7483 N.W. 4TH STREET	3 N.W. 4TH STREET								
PLANTATION FL 33317 PLANTATION FL 33317							DO NOT	MOITE IN T	HIS SPACE		
					-	Date Inco	rporated or Qual		TIIS SPACE		
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3 Deie singl Di	ace of Business	2a. Mailing Address			- 4	. FEI Numt				Applied F	or
	ace of business	26. Walling Address				_65-053		<del></del>			
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additions					
22		27			5	i, Certifcate	of Status Desire	ed 🗌	Fee	Required	i
City & State		City & State			6	Election C	Campaign Financ	ing	\$5.0	)0 May E	3e
23		28				Trust Fun	d Contribution		Add	d to Fee	s
Zip	Country	Zip	Country	,	8		oration owes the	current yea			ļ
24	25		80				Property Tax.		Yes	□No	
	9. Name and Address of Curre	nt Registered Agent	81	N	10	). Name an	d Address of N	ew Registe	rea Agent	_	
1 CUI	rman, Jeffrey e esq		61	Name			_				
	S. BAYSHORE DR.		82	Street	Address (	P.O. Box N	umber is Not Acc	ceptable)			l l
	E 300D		83	<del>                                     </del>			<u> </u>		_	_	
	11 FL 33133		03				-				
1911/311	# · E 00100		84	City				1	FL 85 2	ip Code	1
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44.5	- U	02 and 607 1509 Florida Statutos	the above	a-named	corporation	an suhmite t	thic statement for	r the numos	e of chanding		ered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida, Such change was aut	horized by	the como	corporation's t	on submits t board of dire	this statement for ectors. I hereby a	r the purpos accept the a	e of changing ppointment as	registere	ered ed
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14. I 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 applemental agrual 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 truttee/empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, option an attackment with an address, with all other like empowered.

SIGNATURE: