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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997	DIV	VISION
DOCUMENT #	P95000000646) (6

CARE NETWORK, INC.

SIGNATURE:

Principal Plac	c of Business	Mailing A	ddress						
800 FLEMING	ST.	800 FLEMI	NG ST.						
2C	22040	2C KEY WEST	FI 33040.8041	1					
KEY WEST FL 33040 US		US	KEY WEST FL 33040-8941 US			3. Date Incorporated or Qu 01/04/1995		. Date of Last R	eport
2. Principal Place of Business 2a.		2a. Mailing	a. Mailing Address		4. FEI Number			plied For	
21 2		26	26 Suite, Apt. #, etc.			65-0543688			t Applicable
Suite, Apt # etc		├ ──				Certificate of Status Desired Section Section Section Section Se			
City & Stat	е	City & 28	State			6. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 Added	
Ζιp	Country	Zip		Country		8. This corporation has liab	ility for intang		
24	25	29		30		Florida Statutes	☐ Yes	No No	
	9. Name and Address	of Current Registered A	geni			10. Name and Address of I	lew Registe	red Agent	
	RILAWYER			81	Name C	iorles W. H	SARC	,	
	ALMERIA AVENUE			82		ess (P.O. Box Number is Not Ad	coptable)	,	
COF	VAL GABLES FL 33134			83	000	FLETING ST.	(4)		
				03					
				84	City Ke	1 WEST		FL 39	
11. Pursuant	to the provisions of Section	s 607.0502 and 607.1508	3, Florida Statu	ites, the above	named corp	oration submits this statement fi ion's board of directors. I hereb	or the purpos	se of changing it	s registered
office or t	acietorod Ariont of Noth in			audionized by		ion a board or directors, i herab	y accept the	appointment as	registered
office or t agent. La	registered Agent, or both, in ini tamiya, With, and Accept	the obligations of, Section	on 607.0505, F	forida Statutes	3 .			1/- /-	
office or r agent. I a SIGNATURE	registered agent, or both, in ini famiya ikith, and iccept	the obligations of, Section					•	4/30/9	7
SIGNATURE	Signative typed or printed name of i	wholed eyent and little of the feat		TE: Registered Age		ed when reinstating)	DA*	4/30/9	7
SIGNATURE	Signative typed or printed name of i	X Jan	ble (NO	TE: Registered Age			DA*	4/30/9 AND DIRECTOR	7 S IN 12
SIGNATURE 12. HILE	Signer are typed or protect name of a OFFI	wholed eyent and little of the feat		TE: Registered Age 13. 1.1 TITLE	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO	DA OFFICERS	4/30/9	7 IS IN 12
SIGNATURE 12. HILE NAME	Sign of Fred American Colors of P	CERS AND DIRECTORS	ble (NO	13. 1.1 TITLE 1.2 NAME	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO	DA OFFICERS	4/30/9 AND DIRECTOR	7 IS IN 12
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