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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT ()		ocretary of State NOF CORPORATIONS		
DOCUMENT # P9500016589 (0) 1. Corporation Name PERSONAL HEALTH CARE, INC.				
TENOONAL HEALTH CARE,	IING.		 	Jil 86/li 83/86 kista Orib: Biabi Laira kali kaar
Principal Place of Business	Mailing Address			
1510 S. CLARK AVE. TAMPA FL 33629	P.O. BOX 21566 TAMPA FL 33622-15	566		
			Date Incorporated or Qualified 02/27/1995	3a. Date of Last Report 2-27-95
Principal Place of Business	2a. Mailing Address		4. FEI Number	X Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicab
City & State	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	This corporation has liability for	Added to Fees
	29 Current Registered Agent	30	Florida Statutes	s 🔲 No
	- Joseph Gora	81 Name	10. Name and Address of New	Registered Agent
BOBIER, GERALD W		82 Street A	Address /D.O. Pay Number in No.	
1510 S. CLARK AVE. TAMPA FL 33629		<u></u>	Address (P.O. Box Number is Not Accepta	ble)
1AMFA FL 33029		83		
b		84 City		85 Zip Code
Pursuant to the provisions of Sections 60 or registered agent, or both, in the State	7.0502 and 607.1508, Florida Stati	utes, the above-named cor	reportion submits this statement for the	FL 83 2.15 Code
 Pursuant to the provisions of Sections 60 or registered agent, or both, in the State of familiar with, and accept the obligations of 	07.0502 and 607.1508, Florida Stati of Florida Such change was authol of, Section 607.0505, Florida Statuti	utes, the above-named cor rized by the corporation's t es.	rporation submits this statement for the puboard of directors. I hereby accept the app	rpose of changing its registered officioniment as registered agent. I am
GNATURE		es.	the upp	rpose of changing its registered officionnment as registered agent. I am
Signature: Island or printed natic of rejected OFFICER	red agent and the it apply label.	es. NO E Registered Agent signature re:	gared what renstating:	DATE
Synature Synator bland or pointed natic of rejected OFFICEF		es.	gared what renstating:	DATE DEFICIO DIRECTORS IN 12
SNATURE Signature, by and or printed natic of register OFFICEF	red agent and the it apply label 3 RS AND DIRECTORS	es. 10°t Registered Agent signature rec	ADDITIONS/CHANGES TO OFF	DATE CRAND DIRECTORS IN 12 Change TRAddition
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