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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90064 011 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000022511**1. Corporation Name

CARIDAD NURSE CARE, INC.

	e of Business		Mailing Address						
4150 N.W. 7TH	4150 N.W. 7TH STREET	•							
SUITE 201			SUITE 201				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33126			MIAMI FL 33126				3. Date Incorporated or Qualified		
							. 03/20/1995		·
			(				4. FEI Number		pplied For
2. Principal P	lace of Busines	2a. Mailing Address	Mailing Address			65-0568420	<b>⊢</b>	lot Applicable	
21	-u		26				0070000420		Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required
22		27							
City & Stat	te		City & State				6. Election Campaign Financing	1 .	I may be I to Fees
23			28				Trust Fund Contribution	<del></del>	101663
Zip Country			Zip Country				8. This corporation owes the current year Intangible		
24	2:		29	30			Personal Property Tax.  10. Name and Address of New Regi		
	9. Name a	nd Address of Curre	ent Registered Agent		81	11	10. Name and Address of New Regi	stered Agent	* .
0.15					81	Name		<u></u>	
GARCIA, IRMA C					82 Street Address (P.O. Box Number is Not Acceptable)				
3160 N.W. 3RD STREET					The second secon				
MIA	MI FL 33125				83			<b>建</b> 定式图 2006	<b>新疆</b> 斯特
					84	City	\$ 150 m 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Code
						•	poration submits this statement for the pur	<b>FL</b>	
SIGNATURE	Signature, typed or	printed name of registered a	gont and the in appropriate			t signature require	of which foliabling) . The contraction of the contr	DATE	ODS IN 12
12.		OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	PTD			1.1 7		I		I II.nange	→ 厂1 Addition
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1	JORGE, M	GUEL A 112 COURT	_ occen	1.2 N	IAME	ADDRESS		Change	e ∐ Addition ·
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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 supplemental annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: &

NAME

STREET ADDRESS