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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 21 1997 8:00am

Secretary of State

944-627-9400

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000028800 (7)

AMERICARE OF SOUTHWEST FLORIDA, INC.

rincipal Place of Business	Mailing Address				
72 TAMIAMI TR	3872 TAMIAMI TR				
ITE 600	UNIT E		·		
CHARLOTTE FL 33952	PT CHARLOTTE FL 33952 US	<del>-8463</del>	3. Date incorporated or Qualified	· I 4- Data of Lea	· Daniel
3	U5	05		3a. Date of Las 04/30/1990	
Principa Place of Business	2s. Mailing Address	······································	04/12/1995 4. FEI Number		Applied For
	26		65-0573143		Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , , ,	5 Additional
City & State	City & State		5 Starting Open along Filosopher		Required
Oily & State	28		Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zip Country	Zip	Country	8. This corporation has liability to		·····
25	29	30	Florida Statutes	Yes No	
9. Name and Address of C	current Registered Agent	ad 5:	10. Name and Address of New I	Registered Agent	
LEVIN, J ALLEN		81 Name	AND WARHTY		
3440 VIA ESPLANDE		82 Street A	ddress (P.O. Box Number is Not Accept	able)	
SUITE 600		B3 (7)	2 AIN STAINS	<b>*</b>	
PT CHARLOTTE FL 33950		Trot	in Goods		32420
		84 City		FL 85 2	ip Code
1. Purcuant to the requisions of Sections 60	7.0502 and 607.1508. Florida State	ites the above-named o	corporation submits this statement for the		n its renister
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	State of Florida. Such change was	authorized by the corp	oration's board of directors. I hereby acc	cept the appointment	as registere
— acent I am familiar with land accept the	obligations of, Section 607,0505. F	riorida Statutes.		1	
✓	g				
<b>✓</b>		TE. Registered Agent signature r		DATE	
IGNATURE Statuto, typed or printed name of registe				DATE	IORS IN 12
GNATURE Signature, typed or printed name of register.  OFFICER  OFFICER	ired agent and title 1 applicable. (NC	OTE. Registered Agent signature r	equired when reinstating)	DATE	
GNATURE Signature, type-d or pricted name of registe 2. OFFICEF	ared agent and title I applicable. (NC RS AND DIRECTORS	TE. Registered Agent signature r 13. 1.1 TIFLE	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	
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