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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED

Apr 18 1997 8:00am

Secretary of State

DOCUMENT # P95000042174 (9)

PROFESSIONAL CARE AND CONSULTANTS, INC. OF FLORI

Prinolpal Place of Business Mailing Address									
6753 CARPEL DRIVE 6753 CARPEL DRIVE NEW FORT RICHEY FL 34653 NEW PORT RICHEY FL 34653-			653-4526						
						3. Date incorporated or Qualified 05/25/1995	ad 3a, Date of Last Report 10/21/1996		
2. Principal Pla	2a. Mailing Address 26	ling Address			4. FEI Number 59-3312766		pplied For ot Applicable		
Sulte, Apt. #	t, etc.	Suite, Apt. #, etc.				Sertificate of Status Desired S			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28 Zirs	Zip Country			Trust Fund Contribution			
24	25	29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
WOLFE, LARRY				81 N	Name				
200-A JOHN KNOX RD			f	82 S	Street Addres	Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303-8643				83					
			-	84 C	Dity		FL 85 Zip	Code	
11. Pursuant to	the provisions of Sections 607,050	02 and 607.1508, Florida Statu	ove-ni	amed corpor	ration submits this statement for the pu	roose of changing i	ts registered		
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
12.	Signature, typed or printed name of registered agr OFFICERS AN		18 Hegistered	Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIRECTOR	20 IN 12	
TITLE	D	DELETE	1.1 1(1)	ı F		ADDITIONS/CITANGES TO OFFICE	Change	Addition	
				ME					
STREET ADDRESS	STREET ADDRESS 16033 EAGLE RIVERWAY 2321 Equadorian			1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33824 Way, #37 Clear water		1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	D FL. 34623 DELETE 21		21 111	LE			Change	Addition	
NAME	MATIAS, LETICIA 10033 EAGLE RIVERWAY 2321 Ecuadorian 13 TAMPA FL 33624 Way, #37 Clean water 14 D FL. 34623 DELETE 21 GARABELIS, ADELINA 16033 EAGLE RIVERWAY 14023 EAGLE RIVERWAY 121 222 23			2.2 NAME				Ì	
STREET ADDRESS 18033 FAGLE RIVERWAY SOME UL			2.3 S1F	2.3 STREET ADDRESS					
CITY-ST-ZIP	19981-A-1-L-030247			2.4 City-ST-ZIP 3.1 Title				TT Gallies A	
TITLE NAME	·						LI KINANE	L_ Addition N	
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS			M	1/1H1	
CITY-\$T-ZIP	J			12 - ST - Z			· · · · · · ·	NIG	
TITLE				TIPLE		Change	Addition		
NAME				ME				_	
STREET ADDRESS	ş		4.3 STF	4.3 STREET ADDRESS					
CITY-ST-ZIP				Y - ST - Z	IP				
TITLE	DELETE 51		5 1 111	LE		المعالمة الم	☐ Change	Addition	
NAME			5 2 NA)	5.2 NAME 5.3 STREET ADDRESS		600002150646			
STREET ADDRESS			5.3 S1 P			-04/22/970104	JU54		
CITY-ST-ZIP				Y - S1 - ZI	IP	***8.75	F1 5.		
TITLE		DEFELE	6.1 T(T)			60000215	Change	Addition	
NAME			6.2 NAI			-04/22/970104	9063		
STREET ADDRESS			8.3 STF	6.3 STREET AUDRESS		***165.00	البوا البياه البواد البود	1	

14. I do 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 is 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.

SIGNATURE:

LETICIA MATURS

WELLIE

4/1/97 8/3-843-/94/1