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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000050043 (5)

MERIDIAN HEALTH SERVICES OF CLEARWATER CORPORATION



rincipal Place o								
	of Business	Mailing Address						
2269 BEVERLY		2269 BEVERLY LANE	0.4					
CLEARWATER	FL 34624	CLEARWATER FL 346	24			Tae Data	of Last Pa	noort .
					3. Date Incorporated or Qualified 06/26/1995	38. Dale	V/A	
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		1	opplied For
Sal	me	26 Same			59-33/8906			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
		27			6. Election Campaign Financing			May Be
City & State		City & State			Trust Fund Contribution			to Fees
L <u>.</u>	Country		Country	,	8. This corporation has liability for	intangible ta		
Zip]	Country 25	2.00	30		Florida Statutes	XNo		
	9. Name and Address of C				10. Name and Address of New R	egistered /	Agent	
	g		81	Name				
MATMAN	KER, MICHAEL R		82	Street Arida	ress (P.O. Box Number is Not Acceptab	ole)		
	VERLY LANE		62 Street Ad					
	VATER FL 34624		63					
OLLAIM	MILITICOTOLY		84	City			85 Zij	o Code
				1	ration submits this statement for the pu	FL		
GNATURE _	Michael Hory	tmaker CEO					_/	
	Signature, typed or printed hame or register	red agent and title if applicable.	NOTE Registered Age	ent signature require	ed when reinstating)	D/VE	DIDECTO	00.11.10
<u>.</u>		RS AND DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO OFF			
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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 it made under 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 it made under certify 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 charged or or an attachment with an actives.

SIGNATURE: __

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Hutmaker CEO 4/23/96 8/3/574-1800