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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State .

DIVISION OF CORPORATIONS

P95000058239 (1) **DOCUMENT #**

1. Corporation Name

AGING AND HUMAN CARE SOLUTIONS, INC.

-FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

96 APR 30 AM 9: 01



		, , ,				1014		
Principal Place o	of Business	Mailing Address						
C/O MORRIS	& WEISS	C/O MORRIS & WEISS						
2000 GLADES ROAD STE 412 BOCA RATON FL 33431			2000 GLADES ROAD STE 412					
BOCA RATON	FL 33431	BOCA RATON FL 33431			ate Incorporated or Qualified 07/26/1995	3a. Date of	Last Rep	oort
2. Principal Plac	ce of Business C/O: LAW	2a. Mailing Address C/(D: LAW OFF	ICES 4. F	Et Number		L	oplied For
	S OF STUART R. MORR	ISP.A. OF STU	ART R. MOR	RIS,P.A.	65-0602923			ot Applicable
Suite, Apt #,	reto 2000 Glades Road			5000	Pertificate of Status Desired		•	Additional equired
City & State		City & State		6 . E	lection Campaign Financing	r	\$5.00	May Be
	aton, Florida	28 Boca Raton,	Florida		rust Fund Contribution			to Fees
Zip	Country	Zip	Country		his corporation has liability for i	ntangible tax u	inder s	199.032,
33431	25 U.S.	29 33431	30 U.S.		lorida Statutes X Yes			·
	Name and Address of Current	t Registered Agent	94 1		Name and Address of New R	EC OF S	TT IATO	י דא.
			81 Nar	ייסגון די די	MORRIS. MO	RRIS. P	-A.	
MORRIS,	STUART R		82 Stre	et Address (P.C	Box Number is Not Acceptable Road, Suite 41	le)		
C/O MOP	rris & Weiss			00 Glade	s Road, Suite 41	2		
2000 GL/	ADES ROAD STE 412		83					
BOCA RA	ATON FL 33431		84 City			P## 1	85 Zip	Code
			l Ro	ca Raton		FL.	3;	3431
11. Pursuant to	o the provisions of Sections 507.0502 ad agent, or both, in the State of Clori h, and accept the obligations of Sect	and 607.1508, Florida Statute	es, the above name	d corporation su	bmits this statement for the pur	pose of chang	ging its re	gistered offic
or registere	agent, or both, in the Sate of for	da. Such charge was auth oriz e Jon 607, 505, Elorida Statu tas	ed by the corporatio	n's board of dire	ectors. I hereby accept the app	Omument as re	gisteredi	
tamıllar witi	n, and accept the congations or, occi	ION CONSTRUCTION OF CHARGES	•					α u α
OLONIATO IDE			TE: Registered Agent signal			DATE		1
SIGNATURE	Signatura, Gjoed or moted namic of registered agen		TE: Registered Agent signal		sletingi ADDITIONS/CHANGES TO OFF		HECT OF	S IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	; and the 4 applicable (NO				ICERS AND D	OFFICE OF Change	IS IN 12
SIGNATURE S	Signature, typed or protect name of registered agent OFFICERS AN	and the Lapplicable NO	13.			ICERS AND D		
SIGNATURE	Signature, typed or provided name of registered agent OFFICE RS AN BRUCH, KIMBERLY	and the Lapplicable NO	13. 1.1 TILE	,		ICERS AND D		
SIGNATURE 28 12. TITLE NAME SIPEET ADDRESS	Sprultive, typed or whold name of registered agent OFFICERS AN BRUCH, KIMBERLY 2716 NE 1ST AVENUE	and the Lippoleable NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME	,		ICERS AND D		
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oath; that I am an officer or director of the corporation or the receiver or trustee em appears in Block 12 or Block 13 if et angled, or on an attachment with an address.

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96
Date Dayling Plices 4