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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000064505	(7)
1 Corporation Name		•

INDIVIDUAL CARE, INC.



Principal Place	6.73	A 4 - 10				i deini deina airi	4 AIAAI AIII	
		Mailing Address						
2700 EAST BAY DR #107 2700 EAST BAY DR #107 LARGO FL 34641 LARGO FL 34641								
					3. Date Incorporated or Qualified 08/21/1995	3a. Date	of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FD Number			Applied For
1		26			5 9-33338	76		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired			5 Additional
2		27			<b>5</b> . <b>3</b> (1) <b>3</b> (		Fee	Required
City & Stat	City & State City & State			6. Election Campagn Financing		•	0 May Be	
23		28			Trast Fund Contribution		* - * * * * * * * * * * * * * * * * * *	to Fees
<i>Z</i> ip ──	Country	Zip	Countr	У	This corporation has liability for Florida Statutes	intangioie ta⁄ s □No	curioer s	199.002
!4	9 Name and Address of 0	29 Current Registered Agent	30		10. Name and Address of New		gent	
	g. Marile and Address of	Outlett Hegistered Agent	81	I Name				
MEIOO	EDANIV		L		(0.0 0 N 1 N 1 N 1	hallas.		
	, FRANK AST BAY DR., #107		82	Street Addi	rensk (P.O. Box Number is Not Accepta	ole)		
	) FL 34641		83	3				
LANGO	7 1 5 0 70 7 1						Top ( 7	ip Code
			84	1 Oity		FL	85 /	ih Caas
SIGNATURE			NOTE: Brigistinea Ag	end sagnatura reapare		DATE		
	ACLIAN							
12.	OFFICE	RS AND DIRECTORS	13.	<del></del> <sub>1</sub> ···	ADDITIONS/CHANGES TO OF			
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certify that the information indicated on this annual report or suppliemental annual report is true and accurate and trust 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 trusted emplowered to execute this report as required by Chapiter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

539-088

Dayland Protect