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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066231 (8)

1. Corporation Name
LA BELLE HEALTHCARE, INC.



Principal Place of Business
3847 LAKE SHORE DRIVE
PALM HARBOR FL 34684

Mailing Address
3847 LAKE SHORE DRIVE
PALM HARBOR FL 34684-4208

3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report
10/01/1996

2. Principal Place of Business

21 3847 LAKE SHORE DRIVE

Suite, Apt. #, etc.

22 City & State
PALM HARBOR FL

23 Zip
34684

24 Country
USA

2b. Mailing Address

26 3847 LAKE SHORE DRIVE

Suite, Apt. #, etc.

27 City & State
PALM HARBOR FL

28 Zip
34684

29 Country
USA

4. FEI Number
59-3332049

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NOROOZI, MARY
3847 LAKE SHORE DRIVE
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.1505, Florida Statutes.

SIGNATURE Mary Noroozi (MARY NOROOZI)

DATE 4-14-97

Signature, typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME NOROOZI, MARY
STREET ADDRESS 3847 LAKE SHORE DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 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 changed, or on an attachment with an address.

SIGNATURE MARY NOROOZI 4-14-97

CR2E034 (9/96)