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PROFIT CORPORATION ANNUAL REPORT



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

1996

SECOCOSECES (4)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OUNN	ED HEALTHCARE PROVIDE	ERS, INC.							
incipal Place	e of Business	Mailing Address						POPOF ISHOI GILLI	OOLIO BILOT WALLED!
899 WEST C SUITE 311	CYPRESS CREEK ROAD	899 WEST CYPRESS SUITE 311	CREEK RO	AD					
FORT LAUDE	ERDALE FL 33309	FORT LAUDERDALE	FL 33309			3. Date Incorporated or Qualifie	d 3a.	Date of Las	t Report
						11/03/1995			
Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Ouite , Apt. ≢	# oto	26				65-063416	<u>'/</u>		Not Applicab
ouno, Apr. +	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desireo	×		.75 Additional ee Required
City & State	е	City & State		<u>-</u> ,-		6. Election Campaign Financing	, ,	\$5	.00 May Be
		28				Trust Fund Contribution			ided to Fees
<i>Z</i> ip	Country	Zip	30 Co.	intry		8. This corporation has liability Florida Statutes	for intang Yes □r		rs 199.032,
	25 9. Name and Address of Currer	29 nt Registered Agent	[30]			10. Name and Address of Nev			
	•	<u></u>		81	Name				
CORPORATION SERVICE COMPANY				82	Stroot Addre	ress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
1201 HAYS STREET					Olibel Addit	JRBS (F.O. BOX NUMBER IS NOT ACCEPTABLE)			
TALLAH	IASSEE FL 32301-2525			83					
				84	City			85	Zip Code
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