03-06-1999 90133 009 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000089375**1. Corporation Name

SLENDER LIFE HEALTH CENTER OF PORT CHARLOTTE, IN

Principal Place	e of Business	Mailing Address	Mailing Address								
26373 MADAGA	SCAR	26373 MADAGASCAR									
PUNTA GORDA	FL 33983	PUNTA GORDA FL 33983				DO NOT WRITE IN THIS SPACE					
									PACE		<del></del>
							orated or Qualifed	u			ļ
						11/16/19					
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied Fo				
21		26			65-07109	29				pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 5: Certificate of	f Status Desired	·=		Add Requ	litional	
22		27									
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23		28				Trust Fund			-	ed to F	ees
Zip	Country	Zip				8. This corporation owes the current year Intangible					
24	25 29		30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent					NO
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and	Address of New	Registered A	gent		
DHA	DIEA LOUIS D		ŀ	81	Name						
	RIEA, LOUIS D		82 Street A			Address (P.O. Box Number is Not Acceptable)					
	3 MADAEASCAR		L								
PUN	TA GORDA FL 33983			83							
				84	City				85 2	ip Coc	le
				٦-	Oity			FL	"		-
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-	named co	orporation submits this	statement for th	e purpose of cl	nanging	its reg	istered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthonzed	DV II	ne corpora	ation's board of direct	ors. I nereby acc	ept the appoint	ment a	sregis	iereu
	milamila with and doopt the oblig	addition, and the second secon									ļ
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	Agent	signature requ	uired when reinstating)		DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/	CHANGES TO C	FFICERS AND	DIRE		
TITLE	D	☐ DELETE	1.1 717	LE					Char	ge	Addition
NAME	Puariea. Louis d		1.2 NA	ME							
STREET ADDRESS	26373 MADAGASCAR		1.3 ST	REET A	ADDRESS						
CITY-ST-ZIP	PUNTA GORDA FL 33983		1.4 CIT	Y-ST-	-ZIP						
TITLE		☐ DELETE	2.1 TIT	LΕ					☐ Char	ige	☐ Addition
NAME			2.2 NA	ME							
STREET ADDRESS			2.3 ST	REET A	ADDRESS						
CITY-ST-ZIP			2.4 CF		-					~	
TITLE		☐ DELETE	3.1 TIT		<del></del>				Char	nge	☐ Addition
NAME			3.2 NA								
					ADDRESS			•			'
STREET ADDRESS			- 6		- 1						. '
CITY-ST-ZIP		☐ DELETE	3.4. CIT		·ZIP	<del></del>			Char	nge	Addition
TITLE			4 2 NA							•	_
NAME											
STREET ADDRESS					ADDRESS						i
CITY-ST-ZIP		☐ DELETE	4.4 CIT		ZIP		•		[] Char	nge	Addition
TITLE		DELETE	5.1 TIT 5.2 NA					•	U 0114	.9.	
NAME					ADDDEGG						,
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		□ ac: c==	5.4 CIT		-ZIP					200	Addition
TITLE		DELETE	6.1 TIT						☐ Char	ige	☐ Addition
NAME			62 NA		}						I
STREET ADDRESS	(	)			ADDRESS						
		1	64.00	V. CT.	710						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, with all other like empowered.

**SIGNATURE:**