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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091333

CARESOUTH HOMECARE INC.

Principal Plac												LO SINGO INVINTANT
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MIAMI FL 33126				MIAMI FL 33126 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US			U.	3					11/29/1995			
2. Principal P	loss of Bus	inocc	22	, Mailing Address					El Number		Α	pplied For
	,	111633	26	, Maining Macrobo					55-0618473			ot Applicable
Suite, Apt.	# etc.		20	Suite, Apt. #, etc.								Additional
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City & Stat	te			City & State				6. E	lection Campaign Financing		\$5.00	May Be
23				28				T	rust Fund Contribution			to Fees
Zip		Country		Zip'	Cou	intry		8. T	his corporation owes the curr	ent year In		
24		25	29		30				Personal Property Tax.		Yes	□No
•	9, Nam	e and Address of Cu		stered Agent			· ·	10. 1	Name and Address of New F	tegistered	Agent	
101	MISTONIE	IMPO V FOO	1, 11, 23			81	Name		•			٧.
JOHNSTONE, JAMES V ESQ 7200 N.W. 19 STREET							Street Addre	ess (P.C	D. Box Number is Not Accepta	ible)		
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MIA	MI FL 331	20				84	City				85 Zip	Code
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11. Pursuant	t to the prov registered a	isions of Sections 607 aent, or both, in the S	.0502 and tate of Flori	607.1508, Florida Sta ida: Such change wa	itutes, the a s authorized	bove by t	-named corpo the corporation	oration : in's boa	submits this statement for the rd of directors. I hereby accept	purpose of the appo	intment as r	egistered
் agent. I a	an fan iliar v	vith, and accept the o	bligations of	f, Section 607.0505, I	Florida Stati	utes.	•					
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SIGNATURE	<i>-771)-110</i>	100 Al- 1000	1117		OTF. Davidson 4			(uman sair	netation) ;;	DATE		
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12.		OFFICER:	ed agent and title S AND DIRE	ECTORS DELETE	13.		t signature required	ΑI	DDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing does of qualify for the examption 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 or trusted enhowered 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 any oddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90004 046 ***150.00