D NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. INT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Aug 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	Name P950 CARE SERVICES, INC										
Principal Place of	of Business	Mailing	Address		\ <u>-</u>		1 10411041 158 10583 86110 05	Aidi Afili A£ili H#	(10 (01)0 119		FI
116 75TH ST W	0.4000		H ST W								
BRADENTON FL 3	ENTON FL 34209				DO NOT	WRITE IN TH	HS SPAC	E			
		US					3. Date Incorporated or Qua	lified			
							01/01/1996			_	
2. Principal Plac	ce of Business		iling Address				4. FÉI Númber				lied For
Suite, Apt. #.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	65-0643007		\$8		Applicab Iditional
2		27	,,				5. Certificate of Status Desir	red L		ee Req	
City & State		• • • • • • • • • • • • • • • • • • •	/ & State				6. Election Campaign Finance	cing _		.00 N	
Zip	Country	28 Zip		Cour	nto.		Trust Fund Contribution			ded to	
	Country 25	29		Cour	шу		This corporation owes or Personal Property Tax du	•	vurrent ye Yes		gible No
*	9. Name and Address of C		d Agent	1301			10. Name and Address of N				
TALBO	OT, KRISTEN				81 N	lame					
	STH ST W			ŀ	82 S	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)			
BRADE	ENTON FL 34209			1					<u></u>		
					83						
				Ī	84 C	City	······································	F	85	Zip Co	ode
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11. Pursuant to	the provisions of sections 60	7 0502 and 607 15	OR Florida Statut	es the abo	nve-nar	med cornor	ration submits this statement for t	he numose of	changing	its real	stared
office or re	o the provisions of sections 60 gistered agent, or both, in the n familiar with, and accept the	State of Florida, S	Buch change was	authorized	s by the	med corpor e corporation	ration submits this statement for took's board of directors. I hereby	the purpose of accept the app	changing polntment	its regi as regi	stered stered
office or re agent. I am SIGNATURE	gistered agent, or both, in the n familiar with, and accept the	State of Florida. So obligations of, sec	Such change was ction 607.0505, F	authorized lorida Statu	by the utes.	e corporation	on's board of directors. I hereby	accept the app	polntment	its regi as regi	stered stered
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