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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

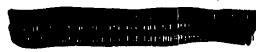
DOCUMENT # POSCESSOR (1)

1. Corporation Name

AMERICARE MEDICAL SECUCES INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90285 036 ***150.00



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Principal Plac	e of Business	Mailing A									,
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MIAMI FL 33184-3032							DO NOT MUITE IN THIS SPACE			•	
folditure 1 = 20121							DO NOT WRITE IN THIS SPACE				
1							3. Date Incorporated or Qualified				
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2. Principal P	Place of Business	2a. Mailir	ng Address				4. FEI Number #65-06559	077		pplied For_	$\overline{\cdot}$
21		26 ,			•		# 65-06031			ot Applicat	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired		·	Additional equired	
22		27									
City & Stat	te	City &	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution		_	to Fees		
Zip	Country	· ·	Zip				8. This corporation owes or has paid the current year Intangible				
24	25	29		30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre		Agent		041	NI	10. Name and Address of New Re	gistered Ag	ent		\dashv
D	AUASO TURVELL	as			81	Name					
6774 SW ZZST MIANI FL 33155					82	Street Addre	Iress (P.O. Box Number is Not Acceptable)				
,	NIGHT FL 331	55									
,	,-((4,5))	-		ļ	83						Ì
					84	City			85 Zip	Code	_
			•			•		- FL			
11. Pursuani	t to the provisions of sections 607.05	02 and 607,1508	3, Florida Statute	s, the ab	ove-n	named corpor	ation submits this statement for the pur	oose of chan	ging its re	gistered	
A#600.00	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Suc	CD CDADOR WAS A	autnorizec	ו עם כ	me corporatio	audit submits this statement for the pur on's board of directors. I hereby accept	tne appointn	ieni as re	gistered	
_		gations or, section	B11 007.000B, 1 11	J. 144 O.G.							1
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicat	ole. (No	OTE: Register	red Ag	ent avgnature requ	ired when reinstabing)	DATE			á
12.	OFFICERS A	ND DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	ORS IN 12	
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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 federiver 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 afteriment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Daytime Phone #