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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000051085 (4)**

REFLECTIONS HEALTH CARE, INC.

FILED Jun 19 1997 8:00am Secretary of State



				I BDIBL BUREL HANT BELEV HELET BYRL 1881
Principal Place of Business	Mailing Address		i indicati se incit billi natu kajit natu	. OTIES QUEL LIBIT BOILS ILIBI BILL IN PI
841 BRISBANE ST NE PALM BAY FL 32907	841 BRISBANE ST NE PALM BAY FL 32907-1622			
			3. Date incorporated or Qualified 06/13/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Malling Address		4. FEI Number	Applied For
21 332 3rd Street NW	26 841 Brisba	ne St NE	59-3387683	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	7.7	6. Election Campaign Financing	\$5.00 May Be
Winter Park, FL	20	FL	Trust Fund Contribution	Added to Fees
Zip Country 25 Po1k	7ip 29 32907-1622	Country	8. This corporation has hability for	intangible tax under s. 199.032, Yes No
24 3388 25 Polk 9. Name and Address of Curren		Distanti	Florida Statutes 10. Name and Address of New Re	
COSTANZO, PATRICIA A		81 Name	- 50	
841 BRISBANE ST NE			- June	
PALM BAY FL 32907		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
PAUM DATEL 3290/		83		
		L. [
		84 City	V	FL 85 Zip Code
44 Day and to the San Silver of Continue COZ OFO	2 1 007 11 00 Florid- Clab 40-	the object consider		
11. Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State abent. I are facular with and accept the obligations.	ol,Florida Such change was aut	, the above-hamed cor horized by the corpora	ation's board of directors. I hereby acce	of the appointment as registered
abent. I are familiar with, and accept the obliga	of Section 607.0505, Florid	da Statutes.		
SIGNATURE COLLEGE	(CO370713	· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of registered age: 12. OF FICERS AND		keg stored Agerr signature requ	and ADDITIONS/CHANGES TO OFFIC	CATE PERS AND DIRECTORS IN 12
TITLE PRESIDENT	DELETE	13. 11 litt	Pros.	Change Addition
NAME LOUIS BIAND		1.2 NAME	Linda Johnson	Pur Onlinge [1] Rounton
	nese		8275- 2016 51	7 4234
STREET ADDRESS 32/4 Lings 4	10012	1.3 STREET ADDRESS	Vero FL 32	966
CITY-SI-ZIP MAYCE MINO, C	338/7 X DELETE	1.4 CITY - ST - ZIP		Cost Change Addition
TIPLE 10. PRES ST.		1 1	-ouis Marche	Change of Adultion
NAME ENWOR JOH	NO SOM DELL	2 6 147.11112	3516 KINGSHO	nt ct
STREET ADDRESS 8775 ~ Zoth	Sr 4234	2.3 STREET ADDRESS	LAKE PAND F	U 338/3
CITY-ST-ZIP	32966	2.4 C(TY - \$T - 7)P		
THE Trans	A-DAR STEELE		R. VIP.	Change Addition
NAME & CT.	runese	3.2 NAME	atica, 17/4	iese m
STREET ADDRESS 55/6 Kings	Mont of	3.3 STREET ADDRESS	5516 Kings	WORD CI
CITY-ST-ZIP MAKE MUST	1 238/3	3 4. D(TY - ST - ZIP	HALCIANS, P	7 228/7
TITLE PACCICA A. C	OSTAN SO	4.1 TITLE ""	reas. sec y	Change Addition
NAME SIL BOICH	WOST NO	4. 2 NAME	PATRICIA. H.	OSTANZO
STREET ADDRESS 89/10/13/1/1		4.3 STREET ADDRESS	846 BrishAN	e ST NE
CITY-ST-ZIP PAT IM MITY	01 32907	4.4 CI1Y - S1 - ZIP	PAIN BAY	F1. 32907
TITLE	• DEFFIE	5.1 TITLE	•	Change Addition
NAME	•	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	☐ DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS	!	6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
14 I do hereby certify that the information supplied	with this filing does not qualify t		ed in Section 119 07/3Vi). Florida Statute	s. I further certify that the

Information indicated on this anough report or supplied with this image does not qualify for the exemption istated in Section 119.07(3)(f). Florida Statutes. Turther certify that the information indicated on this anough 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 proportation or the receivor or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 12 of Chapter 607. Florida Statutes, and that my name