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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066146 (7)

KISER PRIVATE CARE, INC.

FILED May 13 1998 8:00am Secretary of State

| MOLITI | LUIVALL | UAII | _, 1110. | | | | | | | , | | | | | |
|---|--|--------------------|---------------------------------------|--|---|---------------------------|-------------------------|----------------|--------------|--|--|-----------------------------|---------------|-----------|--|
| Principal Place | e of Business | <u></u> | | | Mading Ad | ldress | | | | | - | | | | |
| Principal Place of Business 101 CYPRESS WAY EAST NAPLES FL 33942 | | | | | 101 CYPRESS WAY EAST NAPLES FL 33942 | | | | | İ | 1 | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | DO NOT WRITE IN THIS SPA | CE | | | |
| | | | | | | | | | | | 3. Date Incorporated or Qualified | | | | |
| 2. Principal Pl | lace of Busin | | | | Mailina | Addense | | | | | 08/06/1996 4. FEI Number | T 12 | | \dashv | |
| 21 Principal Fi | iace of Busin | 1088 | | 2a. Mailing Address | | | | | | 65-0683434 | | oplied For ot Applicable | + | | |
| Suite, Apt. | #. etc. | | | [20] | Suite, Apt. #, etc. | | | | | | | | Additional | 4 | |
| 22 | , = | | | 27 | F1 | | | | | | 5. Certificate of Status Desired | | equired | | |
| City & State | | | | | City & State | | | | | | 6. Election Campaign Financing | \$5.00 | May Be | 7 | |
| 23 | | | | | 28 | | | | | | Trust Fund Contribution | | to Fees | | |
| Zip Country | | | } | } ` - | | | untry | | , | 8. This corporation owes or has paid the current | — — 1 | | | | |
| 24 | | 25 | | 29 | | | 30 | | | | Personal Property Tax due June 30. | |] No | 4 | |
| | | | ddress of Curre | ent Regi | stered A | gent | | 81 | Name | | 10. Name and Address of New Registered Age | <u>nt</u> | | \dashv | |
| | ORE, MICH | | | | | | | | | | | | | | |
| 2171 PINE RIDGE ROAD STE D | | | | | İ | | | | Street A | Addres | kiress (P.O. Box Number is Not Acceptable) | | | | |
| NAPLES FL 34109 | | | | | | | | 83 | | | | | | 4 | |
| | | | | | | | | | | | | | | ╝ | |
| | | | | | | | | 84 | City | | FL ⁸ | 5 Zip | Code | | |
| 11. Pursuant (| to the provisi | ions of | Sections 607.05 | 02 and 6 | 607 1508 | Florida Statu | iles, the a | bove | -named | corpo | | anging if | ts registered | 1 | |
| office or re | egi ste red ag m fam iliar wi | ent, or thi and | both, in the Stat Laccept the obli | te of £tor oations c | ida. Such of Section | change was 1607.0505 F | authorize Iorida Sta | d by tutes | the corp | ooralio | oration submits this statement for the purpose of chan's board of directors. I hereby accept the appoint | ment as | registered | | |
| SIGNATURE | | , | | 3,0000000 | . , | | Torrota Bis | | • | | | | | | |
| | Signature, typed | or ponte | diname of registered a | ······································ | | c (NO | | d Age | nt s/gnature | required | t when reinstating) DATE | | | _ f | |
| 12. | | | OFFICERS A | ND DIRE | CTORS | T per ere | 13, | | | | ADDITIONS/CHANGES TO OFFICERS AND DI | | | - 18 | |
| TITLE | D | MO 0 | LIDTIC | | | DELETE | 1.1 1 | | | | L | Change | Addition | | |
| NAME | 5445 MANIPOS 0040 | | | | | 1.2 N | | | . DODE OO | | | | | 18 | |
| STREET ADDRESS | | | NC 28205 | | | | | | ADDRESS | | | | | Įű | |
| CITY-ST-ZIP TITLE | D | ,,, <u>r,</u> | 10 20203 | | | DELETE | 2.1 1 | 17Y-S1 ITLE | 1 - ZIF | | X | Change | Addition | - 6 | |
| NAME | PETERS | ON. B | RENDA | | | | 22 N | | 1 | | _ | | | 1 | |
| STREET ADDRESS | | | TCOURT | | | | 2.3 5 | TREET | address | | 101 Cypress Way East | | | | |
| CITY-ST-ZIP | | | FL 33496 | | | | | ATY-S | - 1 | | Naples, Florida 34110 | | | 1 | |
| TITLE | | | | | | DELETE | 3.1 10 | TLE | | | | Change | ☐ Addition | 7 | |
| NAME | | | | | | | 3.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | | | | 3.3 \$ | TREET. | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | | 3.4. 0 | HY-S | T-ZIP | | | | | ╛ | |
| TITLE | | | | | | DELETE | 4 1 TI | | ļ | | L | Change | L. Addition | | |
| NAME | | | | | | | 4.21 | | Ì | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | DELETE. | | 1Y-S1 | 1 - 7(P | | | Change | Addition | _ | |
| TITLE | | | | | | ∐ DELETE | 5.1 To | | 1 | | ٥ | Change | Addition | | |
| NAME STOCET ADDRESS | | | | | | | 5.2 N | | ADDRES | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | | | | | DELETE | 5.4 C | ITY-\$1 TLE | 1 - ZIP | | 71 | Change | Addition | \exists | |
| NAME | | | | | | | 6.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | | | TY - S1 | - 1 | | | | | | |
| 44 baseless o | ortification that the | a infan | | | t ton as also as | 156 | (0.4 (| | | ol in C | Costion 410 07(2)(i) Electric Ctetutes I further contitu | that the | information | | |

4. 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 eath; that I am an officer or director of the corporation or the receiver 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 attactment with an address.

SIGNATURE: See Set

Pronds V Pataroon V Pro

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(941) 514-0300