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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073577 (4)

LAKE WORTH HEALTH CARE, INC.

LANC II	Onth Health Oane, Inc		,			
Principal Place	e of Business	Mailing Address				//// 1000
6801 LAKE WORTH ROAD STE 219 LAKE WORTH FL 33467		6801 LAKE WORTH ROAD LAKE WORTH FL 33467-28				1
					09/05/1996	3a. Date of Last Report
L	lace of Business	2a. Mailing Address 26			1. FEI Number 1.55 - 0.94559	Applied For Not Applicable
Suite, Apt. #, etc		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			¢0.75
22		27			5. Certificate of Status Desired L	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country			Added to Fees
Ζιρ [24]	Country 25		30		8. This corporation has liability for Inte	angible tax under s. 199.032, Yes 🛣 No
[24]	9. Name and Address of Curre		301		10. Name and Address of New Regis	
ABE	LLARD, DAVID		81	Name		
COOK LAVE WORTH DOAD OTE OIG				Street Addre	ss (P.O. Box Number is Not Acceptable)	·
LAK	E WORTH FL 33467					·
			83			
	,		84	City		FL 85 Zip Code
11. •Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s the above	-named corpo	ration submits this statement for the pure	
office or t	cgistered agent, or both, in the Stat	e of Florida, Such change was a	uthorized by	the corporation	ration submits this statement for the pur n's board of directors. I hereby accept t	he appointment as registered
SIGNATURE	THE PROPERTY OF THE COMP	gations of occitor our soco, inc	TOG OLDIGICE	.		
	Signature, type dior printed name of registered as		: Registered Age	ril signature require		DATE
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICER	
II, I'L	PTSD DAVED	☐ DELETE	1.1 TITLE			Change Addition
NAME	ABELLARD, DAVID 6801 LAKE WORTH ROAD S	TE 910	1.2 NAME	Abbarco		
STREET ADORESS CITY-ST-ZIP	LAKE WORTH FL 33467	IC 210	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
THE	DELETE		2.1 TITLE	1.ZIF		Change Addition
NAME			2.2 NAME		- 	
STREET ADDRESS			2.3 STREET	ADDRESS		į
City-St-Zir			2 4 CITY-5		•	
Tall E	☐ DELETE		3.1 TITLE			Change Addition
NAME.			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CHY-ST-ZIP		Deterr	3.4. CITY - 5	ST-ZIP		Change Littliffe
IIILE	I		4.1 TIFLE			Change Addition
NAME CYPOTE AND OFFICE			4, 2 NAME	IDDAFA0		
STREET ADORESS			4.3 STREET			
CITY-ST ZIF			4.4 CITY - S 5.1 TITLE	1-48		Change Addition
NAME		Print, a married	52 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		,
CITY - S1 - ZiP			5.4 CITY-S	· · · · · · · · · · · · · · · · · · ·		
111:E		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

SIGNATURE:

appears in Block 12 or Block

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 receiver of ustee 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 attackment with an address.

FILED

May 16 1997 8:00am

Secretary of State