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

**PROFIT CORPORATION** ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000076514 (4)

NATURE COAST CASE MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address					—		
10067 CARA ST \$ P O BOX 3538							
SPRING HILL FL \$4608 SPRING HILL FL \$4611							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
	#				09/13/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	LAρ	plied For
1 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27					59-3401239	Not Applicable	
				5. Certificate of Status Desired		d Sa.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ziρ	Country	Zip Coi		ïγ	8. This corporation owes or has paid the current ye		
i .	25	29	30		Personal Property Tax due June 30.		] No
9. Name and Address of Current Registered Agent				19. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED				1 Name	meritax Group		1
	ALMERIA AVENUE		-	, , , , , , , , , , , , , , , , , , ,			
CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)			
00,			8				
•	€.		<u></u>				(_
2• <b>★</b> - ±				City (	ս.∤.ջ F	85 39	ટ્રેપી <i>વ</i>
1. Pursuant t	o the provisions of Sections 607.	0502 and 607,1508, Florida State	ules, the abo	ve-named cor			
office or re	egistered agent, or both, in the St	of Florida, Such change was	s authorized	by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the	ppointment as	registered
	in ramiliar with, and decept the	Bilgations of Section 807.0303, F	iunua statui	es.	G/r	158	
GNATURE	Sign ture, typed or printed name of registerus	secon and title if applicable (NC	Off. Registered A	gent signature requ	ired when reinstaling) DATE	<del></del>	
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
ITLE	DPST	☐ DELETE	1.1 TITL			Change	Addition
IAME	OOUTU, HELENE I	1.21		E			1
TREET ADDRESS	10067 CARA ST	1.3 \$		ET ADDRESS			1
CITY-ST-ZIP	SPRING HILL FL 34608			-S1-ZIP			1
ITLE	DV	DELETE	2.1 TITLE			Change	Addition
IAME	OOUTU. HELENE N		2.2 NAM	E			:
TREET ADDRESS	10067 CARA ST		1	ET ADDRESS			1

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 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 18 if changed, or on an attachment with an address.

31 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY - ST- ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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DELETE

DELETE

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90000025764**3**9

\_\_\_ Addition

Addition

Change

Change

Change

**FILED** 

Jun 26 1998 8:00am

Secretary of State