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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081002

1. Corporation Name

SENIOR HEALTH CARE PROVIDER OF OR ANDO INC

SENION	HEALIH CANE PROVIDER	10101	LANDO, INO.										
Principal Place	e of Business	Ma	iling Address				\neg		Bilii Odili O	JIII 88121 68(A)		i Bālfā liai isaz	
1600 W COLONI		140	N. ORLANDO AVE., ST	E. 150									
SUITE #100 WINTER PARK FL 32789									TE IN 7110	0D40E			
ORLANDO FL 32804							-	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
US							3.	,	r Quanteo				
			No-III Autologi-				-	09/26/1996 FEI Number		 -	1 1	pplied For	
2. Principal Pl	ace of Business	<u> </u>	Mailing Address				ª.	-				ot Applicable	
21		26	Cuito Ant # oto					59-3406850			 !	Additional	
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.				5.	. Certifcate of Status I	Desired		·	equired	
City & State		27	City & State					Election Campaign F	inancina		\$5.00	May Be	
	9	28	Ony a onoto				6.	Trust Fund Contribut				to Fees	
23 Zip	Country	201	Zip	Cour	ntry		8	This corporation owe		rent year Ini	tangible		
24	25	29	·	30	-		"	Personal Property T		•	∐Yes	□No	
	9. Name and Address of Curre		tered Agent	1001			10	Name and Address	of New	Registered	Agent		
					81	Name							
	RIEN, NEILL III			ŀ	82	Street A	Hdraee (P.O. Box Number is N	ot Accent	able)	***		
	N. ORLANDO AVE., STE. 150				82 Street Addr				01 / 1000 pr				
WINT	TER PARK FL 32789			ŀ	83		'						
				,	84	City					85 Zip	Code	
				Ì		·				FL	- }		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	to of Florid	a. Such change was a	uthonzed	DV	tne comor	orporation s b	oard of directors. I he	reby acce	pt the appo	intment as r	egistered	
agent. I a	m familiar with, and accept the oblig	gations of,		nda Statt	nes.	•				DATE			
agent. I ai	Signature, typed or printed name of registered eq	gations of,	f applicable. (NOTE	: Registered	nes.	t signature req			S TO OF	DATE FICERS AN	ND DIRECT	ORS IN 12	
agent. I ai	Signature, typed or printed name of registered at OFFICERS A	gations of,	applicable. (NOTE	: Registered	Agent	•		reinstating) ADDITIONS/CHANGE	ES TO OF		ND DIRECT		
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CITY-ST-ZIP Opplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. I hereby certify that the informal indicated on this annual report officer or director of the corporablock 12 or Block 13 if change.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90119 039 ***150.00