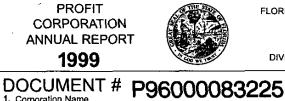
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LOGOS CARE CENTER, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90065 003 ***150.00

|--|

Principal Place of Business Mailing Address 3407 AVE "R" 3407 AVE "R" FORT PIERCE FL 34947 FORT PIERCE FL 34947 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/07/1996 4. FEL Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 65-0765666 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SIRMONS-GASKIN, MARY Street Address (P.O. Box Number is Not Acceptable) 3407 AVE "R" FORT PIERCE FL 34947 83 84 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ DELETE ☐ Addition 1.1 TITLE TITLE GASKIN, MARY S 1.2 NAME NAME **CR2E034** 3407 AVE "R" 1.3 STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE ☐ Change TITI F 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TILE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP il. 6.1 TITLE DELETE ☐ Change Addition TITLE s , % ¹3. 6.2 NAME NAME

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 13 if changed, or on an attagrament with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

City-ST-ZiP

医腱 医病学的现在

561-461-8995