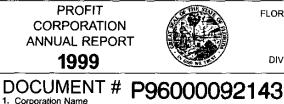
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90207 001 \*\*\*150.00

ANDRES	S MEDICAR SERVICE, INC.	·						
Principal Place	re of Rusiness	Mailing Address			I KRANKAN NIA NAKO DAKIN ACINA DUNAK BUNIN	EELIO IBIIA (IBB! IIBII		
Į .			.ntc					
12995 S. CLEVELAND AVENUE   12995 S. CLEVELAND AVENUE   SUITE 241								
FT MYERS FL 33907 FT MYERS FL 33907					. DO NOT WRITE IN THIS SPACE		· .	
}					3. Date Incorporated or Qualifed			
					11/08/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For	1
21 10880	O Metro Harkway	26			65-0706835		ot Applicable	
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	Additional equired	
City & State	Muserc Fl	City & State			Election Campaign Financing     Trust Fund Contribution	• -	May Be to Fees	
Zip	Country	Zip	Country	у	This corporation owes the current year			1
24 3390	1 25 115A	29	30		Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Curren	<del></del>			10. Name and Address of New Registe	red Agent		]
			81	Name				
	LE, CHARLES T		82	Street Ac	Idress (P.O. Box Number is Not Acceptable)			1
ľ	WEST OLYMPIA AVENUE		"	Ollectric	idiess (1.0. Box Namber is 110t Acceptation)			
PUN	ITA GORDA FL 33950		83	3				[
			84	City		85 Zip	Code	
					·	FL   U =	- isti - i	-
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was au	ithorized by	the corpora	proprection submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as re	gistered	
_								,
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen			ent signature requ	ured when reinstating) DAT			وَ
12.	OFFICERS AN	D DIRECTORS	13.	ent signature requ	ured when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		6
12.	OFFICERS AN		13. 1.1 TITLE	ent signature requ			DRS IN 12	(44,000)
12. TITLE NAME	OFFICERS AN PD ANDRES, WILLIAM E JR	D DIRECTORS	13. 1.1 TITLE 1.2 NAME			S AND DIRECTO		00777
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD ANDRES, WILLIAM E JR 766 PAMELA DRIVE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		S AND DIRECTO		0004 (44,00)
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

847-255-686 L