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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90062 039 ***150.00

T (BOCKET) SID (OCC 1800) CONS COIS DOSS DESILOGER (SEER NOR) IOSH DESID ESIL (BEEL

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011806

Corporation Name

SIGNATURE:

U.S. HEALTH CARE MANAGEMENT, INC.

Principal Place	of Business	Mailing Address		- I IBBINDON HAD IBUN IBUN BONK BANN I	18/it 20/8! (1821 It201 (9/41 20)19 ditt 1991
1970 BOYCE ST		1970 BOYCE STREET		}	
SARASOTA FL 34239		SARASOTA FL 34239 US		DO NOT WRITE IN THIS SPACE	
JS		65		3. Date Incorporated or Qualifed	
				02/03/1997	
2. Principal Pl	ace of Business	· 2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0737246	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	للمناجون الراج ويلاون		\$8.75 Additional Fee Required
2		27		 	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
7in	Country	28 Zip	Country	8. This corporation owes the current	
Zip	25	·	30	Personal Property Tax.	XYes □No
4	9. Name and Address of Curre		301	10. Name and Address of New Reg	jistered Agent
			. 81 Name '=	Sene E. Myers	
FILS	on, richard a			ress (P.O. Box Number is Not Acceptable	
2727	' South Tamiami.Trail		3 Singer Ada	540 J. Tami 9mi	(rail
SUIT	= :		83		-
SAR	ASOTA FL 34239		84 City (T	85 Zip Code
			ال أا	arasota	FL 34239
11. Pursuant	to the provisions of Sections 697.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the puon's board of directors. I hereby accept t	irpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations o∰ Section 607.0505, Flor	ida Statutes.	on a substitution of the colors of the color	li I Ora
SIGNATURE	o Sin				47.99
SIGNATORE	<u> </u>		Registered Agent signature require	d when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PD	☐ DELETÉ	1.1 TITLE		Onango Canadan
NAME	MYERS, GENE E	OTE 4	1.2 NAME	2540 S. Tamiami	Trail
STREET ADDRESS	2727 SOUTH TAMIAMI TRAIL	जाट ।	(100)(112)(100)	23 10 0.1 and	
CITY-ST-ZIP	SARASOTA FL 34239	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	,				J
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		C 900012	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		—	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	}	•	5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		× 、
STREET ADDRESS	l		6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY-ST-ZIP	<u></u>	
14. I hereby	certify that the information supplied	at annual rapart is true and accu	ratio and that my cianatur	Section 119.07(3)(i), Florida Statutes. I f e shall have the same legal effect as if n	nace uncerciain, uiac cam an
officer or	director of the corporation or the rec	eiver or trustee empowered to⁄e:	xecute this report as requ	uired by Chapter 607, Florida Statutes; a	nd that my name appears in
Block 12	or Block 13 if changed, or on an att	achment with an address, wyn ai	otner like empowered.		(94) 365604
	/ DOS 100	11 1 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 11-19	1/41/6/5//