COR ANNU	PROFIT PORATION JAL REPORT <b>1998</b>			<b>B. Morthar</b> ary of State	n	-		998 8 ry of S	
ADVOC	ATE HOME HEA	P9700001 Alth care, inc.							
Principal Place of Business     Mailing Address       4030 NW 35TH 8T     4030 NW 35TH ST       GAINESVILLE FL \$2605-5408     GAINESVILLE FL \$2605-5408							OT WRITE IN	THIS SPACE	
						3. Date Incorporated or ( 02/24/1997	Dualified		
Principal Pi	ace of Business		Mailing Address			4. FEI Number	1012	~ ⊢+∹	oplied For
Suite, Apt.		PL STE11026	Suite, Apt #, etc.		<del>_</del>	59-344	312		ot Applicable Additional
SUNE, Apt	#, BIC.	27	σύπε, Αμί π, φίσ.			5. Certificate of Status D	esired	4 - · · -	aguired
City & State	inespille	HL 28	City & State			<ol> <li>Election Campaign Fir Trust Fund Contribution</li> </ol>	<u>n Ľ</u>	Added	May Be to Fees
<sup>zip</sup> 3a	60 25 N	Amer: 29	Zip	Counti 30	У	<ol> <li>8. This corporation owes Personal Property Tax</li> </ol>	•		angible ] No
	9. Name and Add	ress of Current Registe	ered Agent	8	Name	10. Name and Address of	of New Regist	tered Agent	
	<b>inkittric</b> k, cynti 295 Nw 129th PL/			_		kasa (D.O. Bay Number in Mat	Accontable)		- ·
	IEFLND FL 32626			8		Iress (P.O. Box Number is Not	Acceptable)		
				8	3				
I. Pursuant I office or re	to the provisions of So ogistered agent, or bo	ections 607 0502 and 60 oth, in the State of Florida	7.1508, Flori <b>da Šla</b> tu 5. Such cha <b>nge wa</b> s	tes, the abo authorized t	,	poration submits this statemention's board of directors. I here	nt for the purp		Code ts registered registered
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