

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020850

1. Corporation Name

VALLACARE HEALTH SERVICES, INC.

Principal Place of Business

227 TAYLOR ST
PUNTA GORDA FL 33950
US

Mailing Address

227 TAYLOR ST
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

65-0752584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HORNER, MIKE
222 NESBIT ST
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name Antonio Lopez CPA
82 Street Address (P.O. Box Number is Not Acceptable)
112 MARCIA Dr.
83
84 City Altamonte Springs FL 85 Zip Code 32714

11. Pursuant to the provisions of Sections 607.0802 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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☒ DELETE
NAME	VALLADARES, JEANETTE	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ DELETE
NAME	VALLADARES, BLANCA	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ DELETE
NAME	VALLADARES, IVETTE	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☒ DELETE
NAME	ACHKAR, AMIN	
STREET ADDRESS	227 TAYLOR ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

DATE

Daytime Phone #

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90048 038 ***150.00



CR2E034 (11/98)