

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 21 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000023235 (9)
 1. Corporation Name
 TREE OF LIFE HEALTH CARE, P.A.



Principal Place of Business Mailing Address
 501 VILLAGE GREEN PKWY #4 BRADENTON FL 34209
 501 VILLAGE GREEN PKWY #4 BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 03/10/1997
 4. FEI Number: 65-0766031 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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
 DEBELLEVUE, KIP
 501 VILLAGE GREEN PKWY #4
 BRADENTON FL 34209

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBELLEVUE, KIP	1.2 NAME	
STREET ADDRESS	501 VILLAGE GREEN PKWY #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ELAINE	2.2 NAME	
STREET ADDRESS	501 VILLAGE GREEN PKWY #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	700002594687
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-07/22/98--01001--015 ***150.00

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.

SIGNATURE *[Signature]* 7/14/98 (941) 398 2079

CR2E034 (5/98)



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501 Village Green Parkway • Suite 4 • Bradenton, FL 34209
(941) 794-8438 • 888-544-TREE (8733) • (941) 795-1480 FAX

7/14/98

Annual Reports Filing
Certification Section
Po Box 6327
Tallahassee, Fl. 32314

Re: 1st Report notice never received.

To whom it may concern:

As per our conversation with your office earlier today,
we received a 2nd notice for the filing fee requesting
\$ 550.00 !! We called to report that we never received
the first notice requesting \$ 150⁰⁰ for the fee.

As a result, we were instructed by this ^{of your} office to submit
this letter along with a check for \$ 150⁰⁰ (the original fee).
Also attached is our annual report Form from the
2nd notice.

If you have any questions please call us at
(941) 794-8438.

Thank you.

Sincerely,
Kathy Britton
Secretary

An Association of Mental Health Professionals