1. Entity Name

TREE OF LIFE HEALTH CARE, P.A.

DOCUMENT # **P97000023235**

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

Mailing Address

501 VILLAGE GREEN PKWY #4 **BRADENTON FL 34209**

2. Principal Place of Business 3. Mailing Address FILED Jan 25, 2001 8:00 am Secretary of State

01-25-2001 90229 049 ***150.00



		1							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4,	FEI Number 65-076603 1		Applied For	
<u> </u>								Not Applicable	
Zip	Country		Zip 	Country	5. (Certificate of Status Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address	of Current Reg	istered Agent		7. 1	Name and Address of New R	egistered Agent		
501 \	ELLEVUE, KIP VILLAGE GREEN PKWY DENTON FL 34209	#4	نصل	Street A	Elaine Iddress (P.O. E SOI VII	R. Clark Box Number is Not Acceptate Maye green	Kway#4	A209	
SIGNATURE _	Signature, typed or printed name of	registered agent and to	Elaine 7 (NOTE:	K. Clark Registered Agent signa	ture required when re	ent, or both, in the State of Flo	rida. I/I6 01 DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND D			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00 nt of State	10. Election Campaign Fin Trust Fund Contribution	n. 🗆 🌶	55.00 May Be Added to Fees	
	PD	ICENS AND DIN			Fresder				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBELLEVUE, KIP 501 VILLAGE GREEN BRADENTON FL 3420		Delete	NAME STREET ADDRESS CITY-ST-ZIP	ELARK SOI VIII Beadon	Elaine lase green Prusay tm. 71. 34209	#¥ □ Chi	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CLARK, ELAINE 501 VILLAGE GREEN BRADENTON FL 3420		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		'	☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			[Cha	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment of the receiver of the receiver of the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the receiver of th

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR