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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90229 016 ***150.00

DOCUMENT # P97000026678

1. Corporation Name

AMERI-CARE CENTER, INC.

Principal Place	e of Business	Mailing Add	ress				1 13011331	י וושטו ונושו שוי	1011 DELA 1011	פופוו פוופט וו	ו נוונט שונום ו	1998) 1911 1991
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22		27				5. (Certifcate of	Status Desi	red 🗌	•	Fee Re	
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23		28					Trust Fund C				Added to	o Fees
Zip	Country	Zip		Country		8.	This corporat	tion owes th	e current ye	ar Intangi		
24	25	29		30			Personal Pro	<u> </u>				□No
	9. Name and Address of Curr	ent Registered Ag	ent			10.	Name and A	ddress of	New Regis	tered Age	ent	
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	AMSON, LAWRENCE M			82	Street Ad	ddress (P.	O. Box Numl	er is Not A	cceptable)	1.4-		
) FOREST HILL BLVD				200	1_19	24 1	tve_	<u>v, </u>	<u>sti</u>	<u>a</u>	
	TE 200			83					,			
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11. Pursuant	to the provisions of Sections 607.0 egistered agent, or boll, in the Starn familiar with, and accept the obli	592 and 607.1508,	Florida Statute:	s, the above	e-named co	orporation	submits this	statement f	or the purpo	ose of cha	inging its ent as rec	registered
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agent. I a	m familiar with, and accept the obli	gations of, Section	change was au 607.0505, Flori	ida Statutes.	the corpora	ation's boa	ara or airecto	is. Thereby	accept the	<i>f f</i>	cint as reg	Jistered
								ra. Thereby	<u> </u>	(14/	94	Jistereu Jistereu
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CITY-ST-ZIP 14. 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 of 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 repeiver 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 aparticular trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: