Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90056 038 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032542

1. Corporation Name

	YERS NURSING AGENCY, I	NC.					
Principal Place	e of Rusiness	Mailing Address			#	IIII (IBBI BIII) BI	610 HBI 1961
Principal Place of Business 3949 EVANS AVE STE. 109 FT. MYERS FL 33901 Mailing Address 3949 EVANS AVE STE. 109 FT. MYERS FL 33901					DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualified 04/10/1997	,	
Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	App	lied For
21	, "	26			65-0745526		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year Into	angible	
24	25	29			Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
PAMPINELLA, PHILIP			82	Street A	Street Address (P.O. Box Number is Not Acceptable)		
3949 EVANS AVE., STE. 109				Olicotra	Juress (F.O. Bux Number is Not Acceptable)		
FT. MYERS FL 33901			83	1			
			84	City	· · ·	85 Zip Ci	ode
				1		. `	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	if Florida. Such change was autr	the abov	re-named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its r	eaistered
office or i agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida, Such change was autrons of, Section 607,0505, Florid	the abov norized by a Statutes	re-named co the corpora	ation's board of directors. Thereby accept the appoin	changing its r	eaistered
office or i agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation Glypature, typed or printed name of registered agent	ons of, Section 607.0505, Floridand title if applicable. (NOTE: Re	the above orized by a Statutes	re-named co the corpora	uired when reinstating) DATE	changing its r	egistered istered
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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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

Change

Addition

☐ Change ☐ Addition