

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90148 026 ***150.00

DOCUMENT # P97000036649

1. Corporation Name

TLC FAMILY HEALTH CARE, INC.



Principal Place of Business

5022 73RD AVE NORTH
PINELLAS PARK FL 33781
US

Mailing Address

5022 73RD AVE NORTH
PINELLAS PARK FL 33781
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-3441228

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

NAME SUMMERS, KATHERINE M
STREET ADDRESS 5022 73RD AVE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SUMMERS, KATHERINE M
STREET ADDRESS 5022 73RD AVE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

2.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME SHERMAN, MARGERY J
STREET ADDRESS 5022 73RD AVE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REQUIRED Margery J. Sherman

Date

Daytime Phone #

4/16/99
(727) 544-7131

CR2E034 (11/98)