

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

FILED  
Mar 30 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 # P97000050102 (7)

1. Corporation Name

LAWRENCE HEALTH CARE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

65-0758667

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

21 491 N.W. 42 AVE.

Suite, Apt. #, etc.

22 #24

City & State

23 PLANTATION, FL

Zip

24 33317

Country

25 USA

Mailing Address

% LOREY LAWRENCE

4700 NORTH STATE ROAD 7, SUITE 221

FORT LAUDERDALE FL 33319

2a. Mailing Address

26 491 N.W. 42 AVE.

Suite, Apt. #, etc.

27 #24

City & State

28 PLANTATION

Zip

29 FL

Country

30 USA

9. Name and Address of Current Registered Agent

LAWRENCE, LOREY  
4700 NORTH STATE ROAD 7  
SUITE 221  
FORT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

491 N.W. 42 AVE.

#24

83 City

PLANTATION

FL

85 Zip Code

33317

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, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03-20-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
LAWRENCE, LOREY  
STREET ADDRESS 4700 NORTH STATE ROAD 7, SUITE 221  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE ☐ DELETE

NAME D  
LAWRENCE, CHERYL  
STREET ADDRESS 4700 NORTH STATE ROAD 7, SUITE 221  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 491 N.W. 42 AVE #24  
1.4 CITY-ST-ZIP PLANTATION, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 491 N.W. 42 AVE. #24  
2.4 CITY-ST-ZIP PLANTATION, FL 33317

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE

03-20-98

CR2E034 (10/97)