**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000057762

1. Corporation Name

GEM HOMECARE SERVICES, INC.

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90211 015 \*\*\*150.00



Principal Place of Business Mailing Address			1 14811891 114 18111 18811			
201 NE 2ND STREET 201 NE 2ND STREE						
LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 US		DO NOT WRITE IN THIS SPACE				
us us			3. Date Incorporated or Q			
			07/01/1997			
2. Principal Place of Business 2a. Mailing Addres	\$ 770	- CT	4. FEI Number		Ap	plied For
1 1600 TAPT 31 26 1600	0 1HF	7 21	65-0765943		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, e	etc.		5. Certificate of Status Des	sired	\$8.75 A	
27			5. Certificate of Status Des		Fee Re	quired
City & State	1.10.0	Roris	6. Election Campaign Fina	ancing	\$5.00	•
	M000, 1			<u> </u>	Added t	o Fees
Zip 2 Country No.	Cour	itry	8. This corporation owes t			CH6
4 00000 25 10 MSK 29 0000	<u>  30  (</u>	15pc	Personal Property Tax.		Yes	LEMD
9. Name and Address of Current Registered Agent		81 Name	10. Name and Address of	New Registered A	gent	
PARKER, SASHA		81 Name				
201 NE 2ND STREET	ļ	82 Street Add	Iress (P.O. Box Number is Not	Acceptable)	_	
FT LAUDERDALE FL 33301	-					
FF LAUDERDALE FE 30001		83				
	-	84 City		7"1	85 Zip (	Code
				FL		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida. Such change</li> </ol>	a Statutes, the ab e was authorized	ove-named con by the corporat	poration submits this statement ion's board of directors. I hereb	y accept the appoin	tment as re	gistered
office or registered agent of both in the State of Figgas, Such change						
agent. I am familiar with, and accept the obligations of, Section 607.05	05, Florida Statu	tes.				
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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 all officer or director of the comporation 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 ghanted, or on all attainment with all address, with all other like empowered.

SIGNATURE: