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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000059839

1. Corporation Name

Principal Place of Business	_	Mailir
2000 HONGEREY BOULEVARD		7202 1

**FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90042 047 \*\*\*150.00

LAMAT	CARE SERVICES INC											
Principal Place	of Business	Mailing A	Address					111			110 1911 1991	
7303 MONTEREY BOULEVARD 7303 MONTEREY BOULEVARD												
TAMPA FL 33625 TAMPA FL 33625		DO NOT WRITE IN THIS SPACE										
							3. Date Incorporated or Qualifed	14 11110 0	- AOL			1
				,			07/09/1997					
2. Principal Pl	lace of Business	2a. Mailir	ng Address			· · · · · ·	4. FEI Number			Appli	ied For	ĺ
21	acco of Basinada	26					59-3275282			Not A	Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	1	\$8.7	<b>'5</b> Ad	ditional	•
22		27		_			5. Certificate of Status Desired		Fe	Requ	uired	
City & State	е	City	& State	<u></u>			6Election:Campaign Financing	<del></del>			lay Be	
23		28					Trust Fund Contribution			led to	Fees	ļ
Zip	Country	Zip		_	intry		8. This corporation owes the current		ngible ∐Yes	г	∃No	Ì
24	25	29		30	т —		Personal Property Tax.  10. Name and Address of New Regi				7140	1
	9. Name and Address of Current	Kegisterea	Agent		81	Name	10. Name and Address of New Kegi	2000	gont		•	1
ARFI	L, HERMAN WINSTON				Ľ.							1
	MONTEREY BOULEVARD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	)				ł
	PA FL 33625				83	· ·						1
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	•					City		FL	1	Zip Co		
11. Pursuant 1	to the provisions of Sections 607.0502	2 and 607.150	08, Florida Statut	es, the a	bove-	named corp	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of cl	hanging	its re	gistered	
office or re	egistered agent, or both, in the State of	of Florida, Sur ions of, Section	ch change was a on 607.0505. Flo	uthorized rida Stat	d by th utes.	ne corporatio	on's board of directors. I hereby accept th	e appoint	ment a	s regis	sterea	
	The state of the s			-								l
SIGNATURE	Signature, typed or printed name of registered agent			_								۔ ا
	organization typod or printer manner or against a garage	t and title if applica	ible. (NOTE	_ <del>-</del> -	Agent s	signature required	· · · · · · · · · · · · · · · · · · ·	DATE			0.01.40	ģ
12.	OFFICERS AND		RS	13.		signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND				1/08
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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 will an address, with all other like impowered.

**SIGNATURE:** 

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #