PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90100 014 ***150.00

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DEER CREEK HEALTHCARE CENTE					
Principal Place of Business	Mailing Address		C SARESTADE IN CATTO (#8715 8415) REALIN WOUTH RATIO	i imine inint Amin a	INTERNATION OF THE STATE OF THE
3479 WEST HILLSBORO BLVD	3479 WEST HILLSBORO BLV	D		-	
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS	SPACE	
			3. Date Incorporated or Qualifed	J OF AGE	
•			11/19/1997		
2. Principal Place of Business	2a, Malling Address		4. FEI Number	App	lied For
21	26		65-0796295	Not	Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	27	<u> </u>	3. 00 00000 0 000000	Fee Rec	
City & State	City & State		6, Election Campaign Financing	\$5.00 (
23	28	Country	Trust Fund Contribution	Added to	Fees
Zip Country.	Zip 3		 8. This corporation owes the current year in Personal Property Tax. 		□No
24 25 9. Name and Address of Current		-	10. Name and Address of New Registered		
S. Marine and S. Marine at a service		81 Name			-
Torres, Jose			ORRES JOSE A ress (P.O. Box Number is Not Acceptable)		
3479 W. HILLSBORO BLVD		. Julian Audi	ass (7.0, cox realises is received by	·	
DEERFIELD BEACH FL 33442		83 195	5 W. HILLSBORO BLVD.		
		84 City		65 Zip Ci	ode
· · ·		DEEL	RFIELD BEACH FL	- 334	
 Pursuant to the provisions of Sections 607.050/ office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligat 	of Florida. Such Change was autr	полието ву иле согрогавк	consistent submits this statement for the purpose of on's board of directors. I hereby accept the appo	r changing its r Intment as regi	egistered istered
	1012 01, 0000001 001.0000, 10 010	a gratutes.			ſ
SIGNATURE	والمها الشاء	, - -	d when constituted DATE		
SIGNATURE Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature required	d when retrestating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
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Interest cerus that the mormation supplied with this hing does not quality for the seemploor scaled in Section 1.19.07(2)(), revisal statutes, indicates a fundamental annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under orth, that I am 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 so an attachment with an address, with all other like empowered.

SIGNATURE: