**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000008963

1. Corporation Name

LIFE CARE CONSULTANTS, INC.

	Business

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90162 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/27/1998  2. Principal Place of Business 2. Principal Place o	1530 NE 44 STREET POMPANO BEACH FL 33064	1530 NE 44 STREET POMPANO BEACH FL 33064				
2. Principal Place of Business					DO NOT WRITE IN THIS SPACE	
Suito, Apt. 4, otc.  Suito, Ap					1 7 1	
Suito, Apt. #, otc.    Suito, Apt. #, otc.   20	2 Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.    Suite, Apt. #, etc.	· ·	<del></del>			1/5 - 08/05 2-0 Not Applicable	
City & State					- \$8.75 Additional	
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current variety in International Property Tax.   It is not provision of Section 607 (202) and 607 (502) Find Statutes.   Signature Property Tax.   S	22				ree Required	
Zip	<u> </u>	City & State				
PRESS, ROSLYN M 1330 NE 44 STREET POMPANO BEACH FL 33064  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. The aboven-amend corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. The aboven-amend corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. The aboven-amend corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. The aboven-amend corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. The aboven-amend of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. The aboven-amend of directors. I hereby accept the appointment as registered agent. The purpose of changing its registered agent. The purpose of changing	23				Trust Fund Contribution Added to Fees	
9, Name and Address of Current Registered Agent  PRESS, ROSLYN M 1530 NE 44 STREET POMPANO BEACH FL 33064  11. Pursuant to the provisions of Suctions 607,0502 and 607,1508. Florida Statutes, the abovernment corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Roofids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TIME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TIME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TIME  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TIME  13. TIME  13. TIME  13. TIME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TIME  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS TO		_ · _	٠,			
PRESS, ROSLYN M 1530 NE 44 STREET POMPANO BEACH FL 33064  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  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 agent of both, in the State of Florida. Such change was attentived by the corporation's board of directors. I hereby accept the appointment as registered agent are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. NAME  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition  1			·		Tersonal Tropolly Tux.	
PRESS, ROSLYN M 1530 NE 44 STREET POMPANO BEACH FL 33084  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zip Code  B5 Zip Code  City  FL B5 Zip Code  City  City  City  City  FL B5 Zip Code  City  City  City  City  City  FL B5 Zip Code  City  Ci	9. Name and Address of Curren	t Registered Agent				
1530 NE 44 STREET POMPANO BEACH FL 33064  88   Street Address (P-D. Box Number is Not Acceptable)  89   Street Address (P-D. Box Number is Not Acceptable)  80   FL   85   Zip Code  FL	DDCOO DOOLVALIA		81	Nar	ame	
POMPANO BEACH FL 33064  B3  City FL B5 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 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, and accept the obligations of, Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, typical or printed name of registered agent are directly in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typical or printed name of registered agent are directly in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  STREET ADDRESS  I S 30 N GLYLY ST-2P  I DELETE  13. TITLE  13. TITLE  14. TITLE  14. TITLE  15. TITLE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
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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 with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR