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

PROFIT CORPORATION ANNUAL REPORT



P98000026857

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90026 028 ***150.00

1999

DOCUMENT #
1. Corporation Name

C.A.R.E. OF PONTE VEDRA, INC.

Principal Place of Business

Mailing Address

950 SAWGRASS VILLAGE
PONTE VEDRA BCH. FLA 32082

950 SAWGRASS VILLAGE
PONTE VEDRA BCH. FLA 32082

DO NOT WRITE IN THIS SPACE

PUNIE VEDRA BON, FLA 32002 TONIE VEDRA BON, FLA					J. L. J		3. Date Incorporated or Qualified			
							03/19/98			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For		
21		26	26				59-3514052	N	ot Applicable	
Suite Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional	
22	Total	27	27				5. Certificate of Status Desired	Fee R	equired	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be		
23		28	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country				8. This corporation owes or has paid the cui	rent year In	tangible	
24	25	29	30				Personal Property Tax due June 30. 🔲 Yes 🔯 No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81 Name					
C. GIIY	BOND, ESQ.		82 Street Addre			t Addra	ss (PO Box Number is Not Acceptable)			
	SOUTH THIRD STREET	•	. Sileet Addi			(Addie	33 (1 C Box 140 mbc) 13 140 mocepidole)			
	ONVILLE BEACH, FLOR	TTN 22250	32250 83							
JACKS	IDE JESJO	l					7			
				84	City		Fl	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 ourpose 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, typed or printed name of registered ag	ent and the it applicable 1NO	TE Registered	d Age	nt signati	re required	d when reinstating) DATE		——	
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE					1 1 111LE			Change	☐ Addition	
NAME	i H			1.2 NAME						
STREET ADDRESS	n i			rree i	ADDRESS	; }			1	
	950 Billiolates (188102				T - ZIP					
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NAME				NAME STREET ADDRESS						
STREET ADDRESS	i #					`				
CITY-ST-ZIP 64 CITY-ST 14. I hereby certify that the information supplied with this filling does not qualify for the exempt						tod in S	Section 119 07(3Vi) Florida Statutes further or	ertify that th	e information	
14. Thereby C	enny mai me imormation supplied v	autures ming does not quality	OF THE EXE	الماء ال	iivii ata	icooture	about 110.07 (0)(1), 1 tolida otatutos 1 lott 10 01	cor oath: th	ot Lomon	

4. Thereby cartify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3/f), Fronda Statutes 110716 Certify that the limit make 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 ampowered 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

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Digning Process

285-301

R2F034 (10/97)