PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOROGOR

## FILED Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90001 004 \*\*\*300.00

	CARE ALLIANCE OF GEO	DRGIA, INC.  Mailing Address								
Principal Place of Business Mailing Address 1343 MAIN STREET 1343 MAIN STREET										
SARASOTA FL 34236 SARASOTA FL 34236										
Company of the Asset Company o						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 04/03/1998				
Principal Place of Business     Za. Mailing Address						4. FEI Number		A	optied For	
21 26						65-082762	<u>ප</u>	NO.	ot Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc. 22						5. Certificate of Status Desired	<u> </u>	\$8.75 A		
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be				
23	· 5	28			<u></u>	Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curren				
24	25	29]	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		81 N	Name	10. Name and Address of New Reg	JISTEPPE A	Maur		
NICE	HOLS, DAVID		į							
	MAIN STREET		Ī	82 9	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		}	
	ASOTA FL 34236		}	83						
			l							
			ſ	84 0	City		FL	85 Zip (	Code	
	egistered agent, or bour, in the statem familiar with, and accept the obliq	pations of, Section 607,0505, Flor	rida Statu	tes.	о согранало	ration submits this statement for the purish board of directors. I hereby accept t				
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable (NOTE	. Regestered .	Agent sig	gnature required	when reinstating)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.		gnature required	when revisiteling) ADDITIONS/CHANGES TO OFFIC				
	OFFICERS A		13.	LE	gnature required			DIRECTO	DRS IN 12	
12.	OFFICERS A D MATZKIN, STEVEN R	AND DIRECTORS	13. 1.1 TITI 12 NA	LE ME						
12.	D OFFICERS A MATZKIN, STEVEN R -1343 MAIN STREET	AND DIRECTORS	13. 1.1 TIII 12 NA 	LE ME REET ACC	ORESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A MATZKIN, STEVEN R -1343 MAIN STREET- SARASOTA FL 34236	ND DIRECTORS	13. 1.1 TITE 12 NA - 1.3 STE 14 CIT	LE ME REET ACC Y-ST-ZI	ORESS			Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	D OFFICERS A MATZKIN, STEVEN R -1343-MAIN-STREET- SARASOTA FL 34236 D	AND DIRECTORS	13. 1.1 TIT 12 NA - 1.3 STF 14 CIT 2.1 TIT	LE ME REET ACC Y-ST-ZI	ORESS					
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D MATZKIN, STEVEN R -1343-MAIN-STREET- SARASOTA FL 34236 D OLAN, MITCHELL	ND DIRECTORS	13. 1.1 TITE 1.2 NAI - 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAI	LE ME REET ACX Y-ST-ZI LE ME	CRESS —			Change	Addition	
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MATZKIN, STEVEN R -1343-MAIN-STREET- SARASOTA FL 34236 D OLAN, MITCHELL 1343 MAIN STREET	ND DIRECTORS	13. 1.1 TITE 12 NAI - 1.3 STF 14 CIT 2.1 TITE 2.2 NAI - 2.3 STF	LE ME REET ACX Y-ST-ZE LE ME	ORESS			Change	Addition	
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