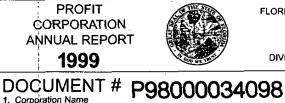
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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90020 043 ***150.00

HEALTH	CARE COMPLIANCE INC.	,								
Principal Place	e of Business	Mailin	g Address			****	#	ii da iii adiea i	iiii eieii oeiio (BIOT IEN TER
601 SEAFARER CIRCLE, STE. 401 GOI SEAFARER CIRCLE, STE. 4 JUPITER FL 33477 JUPITER FL 33477					401		DO NOT WELL	TE IN TUIC	CDACE	
							DO NOT WRIT 3. Date Incorporated or Qualifed	E IN THIS	SPACE	
							04/13/1998			ļ
2. Principal Pl	lace of Business	2a. M	ailing Address				4. FEI Number		Apr	olied For
21		26	-				65-08 40 123		Not	Applicable
Suite, Apt.	#, etc.	Si	ite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27		. *		اسامتا و	the ending of the same of the		. Fee Rec	·
City & State	e		ity & State				6. Election Campaign Financing		\$5.00 i	
23		28		Cau			Trust Fund Contribution		Added to) rees
Zip	Country	Zij		30	intry		This corporation owes the curre Personal Property Tax.	ant year inta		□No
24	9. Name and Address of Curre	29		30	T		10. Name and Address of New R	egistered /		
	9. Name and Address of Corre	ent Kegisten	eu Agent		81	Name	To. Wallo all a land a			
WEIS	S, MIRIAM A				-		(0.0 0 N h- i- N-4 A			
601 SEAFARER CIRCLE, STE. 401					82	Street Addres	ss (P.O. Box Number is Not Accepta	DIE)		
JUPI	TER FL 33477				83					
,					84	City			85 Zip C	ode
						-	ration submits this statement for the	FL		
agent. I a	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, Flor	ida Stati	utes.	signature required v		DATE		
12.	OFFICERS A	AND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
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CITY-ST-ZIP:	JUPITER FL 33477		☐ DELETE	1.4 CI 2.1 TI	ITY-ST	-ZIP	_ 		Change	Addition
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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.