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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036724

1. Corporation Name

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

THE HEALTHLINES SERVICES CORP.

						And the second	
Principal Plac	e of Business	Mailing Address				ABILL BRIDG INITE ALEIT II	1818 (1911 818) 198)
800 NORTH BE		800 NORTH BELCHER ROAD					
CLEARWATER FL 33765 CLEARWATER FL 33765		CLEARWATER FL 33765			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/22/1998		
2. Principal P	Place of Business	2a. Mailing Address			4. FELNumber		Applied For
21		26			59-350915	7	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Desired	1 7 .	5 Additional Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the currer Personal Property Tax.	nt year Intangible ☐ Yes	MNo
t	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			Ž>-
Garnish, John M 800 North Belcher Road			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
			0		2000 (F.O. 20X Harrison to New York 1977)		
CLE	ARWATER FL 33765		83				İ
			<u> </u>			Total 3	ip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above	e-named corporatio	oration submits this statement for the pon's board of directors. I hereby accept	FL urpose of changing	its registered
office or r	registered agent, or both, in the State c am familiar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607.0505, Florida	the above orized by a Statutes	e-named corporation	on's board of directors. I nereby accept	FL urpose of changing	its registered
office or r agent. I a	registered agent, or both, in the State c	of Florida, Such change was authors of, Section 607.0505, Florida and title if applicable. (NOTE: Re	the above orized by a Statutes	e-named corpo the corporatio	on's board of directors. I nereby accept	FL urpose of changing the appointment as	its registered s registered
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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.

6.2 NAME

☐ DELETE

5.3 STREET ADORESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Addition

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90217 023 ***150.00