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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000037553

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90092 010 ***150.00

MARION	HEALTH CENTER, INC.								
				_					
Principal Place		Mailing Address							
18552 KINGBIR	· · ·	18552 KINGBIRD DRIVE LUTZ FL 33549							
LUTZ FL 33549 LUTZ FL 33549						DO NOT WRITE IN THIS SPACE .			
						3. Date Incorporated or Qualif	ed		
					l	04/23/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3504096	2	\triangle	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27				3, 00, 100, 100, 100, 100, 100, 100, 100			Required
City & Stat	e	City & State	,		[6. Election Campaign Financin	ng □		00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the c	urrent year In	tangible ☐ Yes	⊠No
24	25		30	_		Personal Property Tax. 10. Name and Address of New	w Rogistored		EM140
	9. Name and Address of Curre	nt vediztelen wäeut		1 Name		(U. Maria and Address of Net	พอลิเอเดเลก	~gent	
ANT	HOUSIS, KAY		"						
	52 KINGBIRD DRIVE		8	82 Street Add		s (P.O. Box Number is Not Acce	eptable)		
	Z FL 33549		8	3					
								1221 5	
			8-	4 City			FL	85 Z	ip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ve-named	corpora	ation submits this statement for t	he purpose of	changing	its registered
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was au	es, the abouthorized b	ve-named y the corp	corpora coration's	ation submits this statement for t s board of directors. I hereby ac	he purpose of cept the appo	changing intment as	its registered registered
agent. I a	to the provisions of Sections 607.051 egistered agent, or both, in the State m familiar with, and accept the obligations.	02 and 607.1508, Florida Statute e of Florida. Such change was at ations of, Section 607.0505, Flor	es, the about thorized be ida Statute	ve-named y the corp es.	corpora coration's	ation submits this statement for t s board of directors. I hereby ac	he purpose of cept the appo	changing intment as	its registered registered
11. Pursuant office or r agent. I a	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statute			ation submits this statement for ts board of directors. I hereby ac	he purpose of cept the appo	f changing intment as	its registered s registered
agent. I a	m familiar with, and accept the obligitions of registered age	ations of, Section 607.0505, Flor	ida Statute				DATE		
agent. I a SIGNATURE	m familiar with, and accept the obligitions of registered age	ent and title if applicable. (NOTE:	Registered Ag	ent signature		hen reinstating)	DATE		CTORS IN 12
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS AI	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ag	ent signature	required w	hen reinstating)	DATE	ND DIREC	CTORS IN 12
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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: