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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90014 024 ***150.00

Corporation	VIEN I # P9800(OL CARE, INC.	0047433					
Principal Place	e of Business	Mailing Address	• • • •			11 91911 18812 81868	10108 4114 1081
623 N JEFFERSON AVE SARASOTA FL 34237 623 N JEFFERSON AVE SARASOTA FL 34237							•
					20 1107 110775 111 711	0.004.05	
					DO NOT WRITE IN THI		
					3. Date Incorporated or Qualified 05/21/1998	-	
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	lied For
21 2661	TEAL AVE.	26 P. D. BUX 20934		65-083454/		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I .	
22		27			Fee Red		
City & State	9	City & State			6. Election Campaign Financing	\$5.00 i	, ,
23 SARA					Trust Fund Contribution Added to Fees		
Zip	Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax		
24 34237			10	JS <u>A</u>	Personal Property Tax. 10. Name and Address of New Registere		[
	9. Name and Address of Curre	nt Registered Agent	- la	11 Name	10. Name and Address of New Registere	u Agent	
WILLIAMS ANDDEW C				Hame			
WILLIAMS, ANDREW C 623 N JEFFERSON AVE			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	_	
	ASOTA FL 34237		ļ.,				
SAN	NOOTA TE 04207		8	13			
			8	14 City		85 Zip C	ode
					F		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ove-named co	rporation submits this statement for the purpose of the purpose of the statement for the purpose of the app	of changing its i	registered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute	es.			'
SIGNATURE							
	Signature, typed or printed name of registered ag			gent signature requ	uired when reinstating) DATE	AND DIDECTO	DC IN 12
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE			1.1 TITLE			Change	
NAME			1.2 NAM	, , , , , , , , , , , , , , , , , , ,			ļ
STREET ADDRESS			1.3 STREET ADDRESS				ł
CITY-ST-ZIP			1.4 CITY- ST-ZIP				
TITLE	☐ DELETE 2.11		2.1 TITLE			☐ Change	Addition
NAME		- 223		E		• -	~
STREET ADDRESS			2.3 STRI	EET ADDRESS			
CITY-ST-ZIP	2.4		2.4 CITY	/-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	E		Change	☐ Addition
NAME			3.2 NAM	E			1
STREET ADDRESS			3.3 STR	EET ADDRESS			ì
CITY-ST-ZIP			3.4. CITY	r-st-zip			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	Æ !			
STREET ADDRESS			ı	EET ADDRESS			. }
				-ST-ZIP			İ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition
}	•		5.2 NAM	I .		-	
NAME			1	EET ADDRESS			ļ
STREET ADDRESS			5.4 CITY	1			
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAM				
NAME				EET ADDRESS			1
STREET ADDRESS			0.5 5 RI	EE ALIVINESS			1

14. I hereby certify that the information supplied with this filling 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 are an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR