PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000056203**1. Corporation Name

NEW IM	AGING CENTER, INC.													! !
Principal Place	e of Business	Mailing Address												1
6802 N. ARMENIA AVE. TAMPA FL 33604		6802 n. Armenia ave. Tampa fl 33604			}		r	O NOT V	VRITE I	N THIS	SPACI	Ē		}
					3.	Date In	corporate				<u>~</u> ,,]]
					-	06/22	/1998							1
2. Principal P	lace of Business	2a. Mailing Address			4	FEI Nu	nber		101	,			lied For	#
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5.	Certifica	ite of Stati	ıs Desire	d [j		/ DA Ad se Red	iditional	
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City & Stat	•	City & State			6.		n Campaig und Contr			3		ided to		
Zip	Country	28	Count	у	1		rporation		current	year Inta	ngible			1 1
24	25	29 3	0	•	"		al Propert				XYes	B (]No	
	9. Name and Address of Current	Registered Agent			10.	Name a	and Addr	es of Ne	w Regi	stered /	(gent			
		,	8	1 Name									•	
	NANDEZ, CARMEN		8:	2 Street Addre	853 (F	P.O. Box	Number i	Not Acc	eptable)				1 🛔
	12TH AVE. NORTH												_	₹ <u>≣</u>
INUL	AN ROCKS BEACH FL 33785		8	3										
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			8	4 City					····	C 1	85	Zip C	ode	1 🖁
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11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the Slate on m familiar with, and accept the obligati	2 and 607.1508, Florida Statutes of Florida, Such change was auti ions of, Section 607.0505, Florid		·1 -··,	oratio en's be	n submit oard of d	s this stat irectors. I	ement for hereby a	the pur	FL pose of a appoir	1			
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati		the abortized by the Statute	ve-named corporations.			s this stat irectors. I	ement for hereby a		FL pose of a appoir	1			3) FILENDO IN SELUDIO
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE R	the abortized by the Statute	·1 -··,	S when	reinstating)				pose of e e appoir	changi ntment	ng ita r as reg	egistered Istered	1/98)
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6.4 CITY-ST-ZIP C17Y-ST-22P 14. I hereby certify that the information supplied with his 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 each; that I am an officer or director of the corporation or the receiver of trustee ampowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching with an address, with all other like empowered.

5.4 CETY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

NAME

Change

May 06, 1999 8:00 am Secretary of State

05-06-1999 90052 030 ***150.00