PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90068 018 ***150.00

1. Corporation	LER MEDIC, IN		OU652U						
15907 LAKE ORIENTA CT. 15907 LAKE ORIENTA CT.									
CLERMONT FL 34711-8119 CLERMONT FL 34711-8119								DO NOT WRITE IN THIS SPACE	
ı								3. Date incorporated or Qualifed	-
								07/23/1998	1
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	Applied For
21		26	26				59-3524291	Not Applicable	
				ite, Apt. #, etc.				E Contiferate of Status Desired	Additional
22	_	27					Fee	Required	
City & Stat	в	F	City & State				6. Election Campaign Financing \$5.00 May 8e		
23			28				Trust Fund Contribution Added to Fees		o to Fees
Zip	Country Zip			Country			8. This corporation owes the current year Intangible	□No	
24	25 29 29			_[30]	Personal Property Tax.				
9. Name and Address of Current Registered Agent						81 N	Name	to, right and right	
GAR	RICK, DAVID JR				1	82 5	 	(5.0.0	
1795	5 E. HWY. 50, S					Street Addres	ss (P.O. Box Number is Not Acceptable)		
CLE									
								05 7	p Code
						84 City		FL 85 Zi	7 0000
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chariging its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Streeting to provide or ground come of recisioned agent and the II sophisable. (NOTE Registered Agent signature required when remaining) DATE									
	Signature, typed or printe			(NO1)	13.	Agent sug	Systeme Ledenseo	ADDITIONS CHANGES TO OFFICERS AND DIRECT	TORS IN 12
12.	e			1,1 717	LE	VP	☐ Chang		
NAME	~			1	1.2 NAME		HELTEL T. PARKER	3	
STREET A XORESS			1.3 STI	1.3 STREET ADDRESS		907 LAKE DRIENTA CT	١		
CITY-ST-73P				1,4 C/T			LELMONT FL 34711	&	
TITLE		☐ DELETE			2.1 TILE		Chang	e 🗵 Addition	
NAME			2.2 NA	2.2 NAME		1907 LAKE OPIENTA CT			
STREET ADDRESS				2.3 511	2.3 STREET ADDRESS		LERMONT, FL-34711	الوار حربيدين	
CITY-ST-23P				<u> </u>	2.4 CF	1Y-ST-Z			
mue				☐ DELETÉ	3.1 117	LE	5	LAWAENCE TANNER CHANGES	e Z Addition
NAME	ļ				3.2 NA		12	SGUT VAKE BRIENTA CT	
STREET ALXORESS						REETAD	ORESS (LEMMONT, FL 3474	= -
CRY-ST-ZIP						Y-ST-Z	<u> </u>	Chang	e [] Addition
TITLE	İ			DEFELE	4.1 111				
NAME					4, 2 NA				
STREET ALXORESS	· ·					REET AD			į
CITY-ST-7IP				DELETE	5.1 TIT	Y-\$T-Z		Chang	e Addition
TITLE					5.2 NA				} '
STREET AIXDRESS	ļ					REET AD	ORESS		}
CITY-ST-23P						Y-ST-25	ı		
TILE			·	DELETE	6.1 TIT	I.E		Chang	e Addition
NAME					8.2 NA	ME	-		
STREET ALXORESS					6.3 577	EET AD	ORESS		1
CITY ST. 285						Y-51-ZI			
14. I hereby	certify that the infor	mation supplied	with this filing does	not qualify fo	or the exer	nption	stated in Se	ection 119.07(3)(i). Florida Statutes, I further certify that the	e information

4. 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 cacurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60°7, 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: 6

SIGNLIFICATION TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 4/5/99 (352) 241-4922