## 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

## DOCUMENT # P98000092674

T.L.C. HEALTHCARE, INC.

Principal Place of Business

Mailing Address

## FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90123 043 \*\*\*150.00



14860 EAGLES LOOKOUT COURT 14860 EAGLES LOOKOUT COURT FORT MYERS FL 33912 FORT MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1998 Applied For 4 FEI Number 2. Principal Place of Business Mailing Address Not Applicable \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Yes Personal Property Tax. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **AMERILAWYER** 82 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 84 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 changing 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE BARRES, CARMEN I 1.2 NAME NAME 14860 EAGLES LOOKOUT COURT 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 51TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

CR2E034 (11/98)