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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$72902

(7)

## Apr 07 1998 8:00am Secretary of State

**FILED** 

| <u> </u>  | ST. LUCIE FAMILY CARE,                           | ` '                  |   |  |                                   |
|---|--|----------------------|---|--|-----------------------------------|
| 3241 S.W. PORT ST. LUCIE BLVD. 3241 S.W. PORT ST. LUCIE BLVD. |  |                      |   |  |                                   |
| PORT ST. LL   | JCIE FL 34953                                    | PORT ST. LUCIE FL 3  | 1953  | DO NOT WRITE IN THIS SPACE   |                                   |
|   |  |                      |   | 3. Date Incorporated or Qualified  | 118 SFACE                         |
|   |  |                      |   | 08/09/1991   |                                   |
| 2. Principal F  | Place of Business                                | 2a. Mailing Address  |   | 4. FEI Number  | Applied For                       |
| Suite, Apt. #, etc.   |  | 26                   |   | 65-0279709   | Not Applicable                    |
| 22 Suite, Apr. #, etc.  |  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State City & State                                     |  |                      |   | 6. Election Campaign Financing   | \$5.00 May Be                     |
| 23  |  |                      |   | Trust Fund Contribution  | Added to Fees                     |
| Zip   | Country  | Zip                  | Country   | 8. This corporation owes or has paid the   | current year Intangible           |
| 24  | 25   | 29                   | 30  | Personal Property Tax due June 30.   | Yes No                            |
|   | 9. Name and Address of Curr                      | ent Hegistered Agent | 81 Name   | 10. Name and Address of New Register   | red Agent                         |
|   | RANT, MORTON D. M.D.                             |                      |   |  |                                   |
| 3D BELLA VISTA<br>1127 SEMINOLE EAST                          |  |                      | 82 Street Add                                   | ress (P.O. Box Number is Not Acceptable)   |                                   |
| JUPITER FL 33477  |  |                      | 83  |  |                                   |
| 1   | 7.11.21.1.2.20.11.1                              |                      |   |  |                                   |
|   |  |                      | 84 City   |  | Zip Code                          |
| SIGNATURE   | Signature Typed or printed name of registered in | MU MORTON            | TO GRANT  OTE: Registered Agent signature requi | poration submits this statement for the purposition's board of directors. I hereby accept the M.D.  When the reinstates of the purposition's board of directors. I hereby accept the M.D.  ADDITIONS/CHANGES TO OFFICERS.  | 498                               |
| TITLE   | VD   | DELETE               | 1.1 TITLE                                       | ADDITIONAL OF THE CONTROL OF THE CON | Change Addition                   |
| NAME  | GRANT, MORTON                                    |                      | 1.2 NAME  |  |                                   |
| STREET ADDRESS  | 1127 SEMINOLE EAST                               |                      | 1.3 STREET ADDRESS                              |  | ŀ                                 |
| CITY-ST-ZIP   | JUPITER FL                                       |                      | 1.4 CITY - ST - ZIP                             |  |                                   |
| TITLE   | STD  | DELETE               | 2 1 TITLE                                       |  | ☐ Change ☐ Addition               |
| NAME  | CARROLL, WILLIAM C.<br>121 QUEEN BESS CT.        |                      | 2.2 NAME  |  |                                   |
| STREET ADDRESS  | FT. PIÈRCE FL                                    |                      | 2.3 STREET ADDRESS                              |  |                                   |
| CITY-ST-ZIP<br>TITLE  | 11.1ENVL1E                                       | ☐ DELE1E             | 2.4 CITY-ST-ZIP<br>3.1 TITLE                    |  | Change Addition                   |
| NAME  |  |                      | 3.2 NAME  |  | U: HAME ! !!                      |
| STREET ADDRESS  |  |                      | 3.3 STREET ADDRESS                              |  | İ                                 |
| CITY-ST-ZIP   |  |                      | 3.4. CITY-ST-ZIP                                |  |                                   |
| TITLE   |  | DELETE               | 4.1 TITLE                                       |  | Change Addition                   |
| NAME  |  |                      | 4. 2 NAME                                       |  |                                   |
| STREET ADDRESS  |  |                      | 4.3 STREET ADDRESS                              |  |                                   |
| CITY-ST-ZIP   |  | Deire                | 4.4 CITY-ST-ZIP                                 |  | T Observe Address                 |
| TITLE   |  | ☐ DELET <b>e</b>     | 5.1 TITLE                                       |  | Change Addition                   |
| NAME<br>STREET ADDRESS  |  |                      | 5.2 NAME  |  |                                   |
| CITY-ST-ZIP   |  |                      | 5.3 STREET ADDRESS<br>5.4 City-St-Zip           |  |                                   |
| TITLE   |  | DELETÉ               | 6.1 TITLE                                       |  | ☐ Change ☐ Addition               |
| NAME  |  |                      | 6.2 NAME  |  |                                   |
| STREET ADDRESS  |  |                      | 6.3 STREET ADDRESS                              |  |                                   |
| CITY-ST-ZIP   |  |                      | 6.4 City-S1-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 13 if changed, or of an apachment with an address.

NOTANI DI CONNET NO UL 60

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