COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State 09-13-1999 90002 043 ***550.00

OCUMENT Cornoration Name	#	00704	_
Cornoration Name	••	30/34	U

Jorporation	n Name								
LLSTAR	CARE, INC.								
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cipal Place	e of Business	Mailing Address				-		EERI DIERI EREKI	ÖYDIY BIRII YEBU
NEW BAR	RN RD.	15450 NEW BARN RD					•		
E 301 SUITE 301 II LEAKES FL 33014 MIAMI LAKES FL 33014			DO NOT WRITE IN THIS SPACE						
· ECHICO	12 00017	US				3. Date Incorporated or Qualified			
						10/15/1991			
Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
40 80	S.W.145 TR	26				65-0291050			lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional tequired
City & State	EAHAR, FL.	City & State		• •		Election Campaign Financing Trust Fund Contribution			May Be to Fees
330	28 Country	Zip	-	untry		8. This corporation owes the curre	ent year		No.
		rt Baristored Agent	30	T		Intangible Personal Property. 10. Name and Address of New R	Pegistered	Yes L	<u> </u>
	9. Name and Address of Currer	itt Registered Agent		81 N	Name	IV. ITALIE AND MUDIESS OF NEW P	Aistel an	-Aeur	
RII R/	AO, ERKYS M.				· ·				
	WEST 7TH AVENUE			82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	EAH FL 33014			83					
				84 C	City		FL	1 1	Code
Pursuant office or i agent. I a	to the provisions of sections 607.059 registered against, or both, if the State am familiar with, and acceptable collig	2 and 507.1508, Florida Statut e of Jorida. Such change was pathis of section 607.0505, Fl	es, the ab authorized lorida Stat	pove-nared by the tutes.	med corpora e corporation	ation submits this statement for the pun's board of directors. I hereby accept	irpose of chot the appoi	nanging its r ntment as r	egistered egistered
NATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (N	IOTE: Registe	ered Agent		ired when reinstating)	DATE	-7	
NATURE .	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (N ND DIRECTORS		ered Agent		4. V 14. T 18	DATE	ID DIRECT	
NATURE .	Signature, typed or printed name of registered age OFFICERS AN PSD	ent and title if applicable. (N	IOTE: Registe	ered Agent		ired when reinstating)	DATE	-7	ORS IN 12
NATURE	Signature, typed or printed name of registered age OFFICERS AN PSD BILBAO, CASTOR	ent and title if applicable. (N ND DIRECTORS	13. 1.1 TI	ered Agent	t signature requii	ired when reinstating)	DATE	ID DIRECT	ORS IN 12
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an officer or director of the corporation of the receiver or trustee 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 of the receiver or trustee anopowered 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 attachment with an address.

GNATURE:

GNATURE:

GNATURE: Sullice resident 7/11