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1997

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FLORIDA DEPARTMENT OF STATE

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1/10/97 941-481-9758

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18487

(1)

SAFE-CARE CABULANCE, INC.

Principal Place	o of B reinore	Madina Address			—			
Principal Place of Business 13222 BROADHURST LOOP		Mailing Address 13222 BROADHURST LO	ΛÞ		· / **** ******************************		<b>41814</b>	
FT. MYERS FL		FT. MYERS FL 33919-8121						
					3. Date Incorporated or Qualified 03/03/1992	3a. Date o		eport
2. Principal Fi	face of Business	2a. Mailing Address		***********	4. FEI Number		<del> </del>	plied For
21		26			65-0312899	_	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional
City & State	6	City & State					Fee Re	·
23	u.	<b>├</b> ¬¬ , , , , , , , , , , , , , , , , , ,			Election Campaign Financing     Trust Campaign Street		\$5.00	
Zip	Country	28 Zip	Counti	v	Trust Fund Contribution	Annaible Ass	Added t	
24	25	29	30	,	8. This corporation has liability for in Florida Statutes	tangible tax Yes		199.032,
	9. Name and Address of Curre				10. Name and Address of New Reg			***
LEOI	NARD, HERBERT G.		8	Name				
	2 BROADHURST LOOP			N 60 - 1 1 1		<del></del>		
	MYERS FL 33919		82	Street Add	dress (P.O. Box Number is Not Acceptable	3)		
·			B:	3		material and the second	·	
			84	City		FL	<b>15</b> Zip (	Code
11. Pursuant I	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the above	re-named cor	poration submits this statement for the pu	roses of ob	anging it	s registered
onice or n	eg-stered agent, or both, in the State in familiar with, and accept the oblic	e of Florida. Such change was	s authorized b	ov the corpora	ation's board of directors. I hereby accept	the appoint	ment as	registered
		parions of accust our our,	Toriua Statute	75.				
-								
SIGNATURE		gen and tile if applicable (NI	DTE Registered Ad	peni signalure regu	ired when reinstalion)	DATE		
SIGNATURE	Signature, typed or pooled name of regist-rectas;	per and title if applicable (NO	OTE Registered A	gent signature requ	uired when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE RS AND DI	RECTOR	S IN 12
SIGNATURE	Signature, typed or pooled name of regist-rectas;			gent signature requ	uired when reinstaling)  ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTOR	
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bert G.Leonard