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PROFIT CORPORATION **TANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Flortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000097605 (5)**

FILED Apr 04 1997 8:00am Secretary of State

1, Corporation Name O2 CARE CORPORATION Principal Place of Business Mailing Address 2238 HIGHWAY 44 WEST INVERNESS FL 34450 INVERNESS FL 34453-3873													
								3. Date Incorp.	orated or Qualified	3a. Da	ate of La	ast Rep	ort
	lace of Business	***************************************	2a. N	Mailing Address				4. FEI Number				Appli	ed For
21			26					59-3	42127				Applicable
Suite, Apt.	# etc.		27	Suite, Apt. #, etc.				5. Certificate o	Status Desired		•	75 Add e Requ	
City & State	0	·		City & State			,	6. Election Car	npaign Financing			.00 м	
23		**************************************	28					Trust Fund (. •			ded to I	
Zip III	Cou	intry		Zip	├ -	untry			tion has liability for			der s. 19	99.032,
24	9. Name and Add	dress of Current	29 t Registe	red Agent	30	7		Florida Statu	tes P	Yes [***************************************	······································
STAL	CUP, VICTORIA					81	Name	10.			-		
2238 HIGHWAY 44 WEST INVERNESS FL 34450						\Box	Street Ad	dress (P.O. Box Number is Not Acceptable)					
•						B3							
						84	City			FL	85	Zip Co	de
44 Porcoant	to the provisions of S	actions 607 0502				.il.					Chano	ing ite r	enistered
		official the State of	of Etopida	7.1508, Florida Sta	atutes, the a	above-	named co	proporation submits this	s statement for the p	ot the apr	aintmor	t or co	gictorod
office or ragent. La	egistered agent or b mi familiar with, and a Signalize typed or printed to							orporation submits thing ation's board of direct quired when reinstating)	s statement for the patterns. I hereby acce	pt the app	ointmer	nt as re	gistered
SIGNATURE			ni ano title il i	appikable. (NOTE Register	ed Ageni	it signature rec	quired when reinstating) ADDITIONS/C	CHANGES TO OFFIC	DATE CERS AND	DIREC	TORS	IN 12
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information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oal. I am an ollicer 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.

SIGNATURE: