

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 03 1996 8:00 am
Secretary of State

DOCUMENT # **341693 (0)**
1. Corporation Name
FLEXICARE, INC.



Principal Place of Business Mailing Address
801 BRICKELL AVENUE, SUITE 932 MIAMI FL 33131 US

3. Date Incorporated or Qualified **02/17/1969** 3a. Date of Last Report **08/10/1995**
4. FEI Number **59-0940641** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5499 North Federal Hwy** 26 **5499 N. Federal Hwy**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite E2** 27 **Suite E2**
City & State City & State
23 **Boca Raton, Fl 33487** 28 **Boca Raton**
Zip Country Zip Country
24 **33487** 25 **Palm Beach** 29 **33487** 30 **Palm Beach**

9. Name and Address of Current Registered Agent
LABROZZI, G F
801 BRICKELL AVENUE, SUITE 932
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **Leon J. Solomon**
82 Street Address (P.O. Box Number is Not Acceptable) **5499 North Federal Hwy., Ste E2**
83 **Boca Raton, Florida 33487**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 is 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 **Leon J. Solomon** DATE **May 29, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUADARA, DOMINICK	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 932	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LABROZZI, G F	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 932	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEUMAN, SCOTT	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 932	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Gregory L. Paige	
STREET ADDRESS	5499 N. Federal Hwy, Ste E2	
CITY - ST - ZIP	Boca Raton, Fl 33487	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Michael Rehtorik	
STREET ADDRESS	5499 N. Federal Hwy., Ste E2	
CITY - ST - ZIP	Boca Raton, Fl 33487	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Thomas S. Chianese	
STREET ADDRESS	5499 N. Federal Hwy., Ste E2	
CITY - ST - ZIP	Boca Raton, Fl 33487	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	Exec VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 attachment with an address.

SIGNATURE: **G.F. Labrozzi, Director** DATE: **May 29 1996**

CR2E034 (12/95)