

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P06261** (2)

1. Corporation Name
MAXICARE OF BROWARD, INC.

MAY - 1 11 5:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business: **800 FAIRWAY DR
250
DEERFIELD BCH FL 33441
US**

Mailing Address: **800 FAIRWAY DR
250
DEERFIELD BCH FL 33441
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1985**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2540781**

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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State Apt # etc: **22**

State Apt # etc: **27**

City & State: **23**

City & State: **28**

Zip: **24**

Country: **25**

Zip: **29**

Country: **30**

9. Name and Address of Current Registered Agent

**SHEA, JR MICHAEL
312 SOUTH BREVARD AVE.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0503 and 607.1708, 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 was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: PT

12.2 NAME: CARR, IRVING

12.3 STREET ADDRESS: 10810 NW 21 CT

12.4 CITY, ST, ZIP: SUNRISE FL

12.5 TITLE: SVP

12.6 NAME: CARR, MAJORIE

12.7 STREET ADDRESS: 10810 NW 21 CT

12.8 CITY, ST, ZIP: SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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, the receiver, trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block C, or Block C-1 of change, or in an attachment with an address.

SIGNATURE: **Irving Carr** **4-27-95** **305-421-6888**

DATE: _____