FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 APR 27 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000015611 (2)**

1. Corporation Name
CARE AMERICA INTEGRATED HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
210 N. WEST MONTE DR SUITE 1002 ALAMONTE SPRINGS FL 32714 US	% ROBERT B. HAGHGOU 340 N. SPAULDING COVE HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 210 N. Westmont Dr. Suite, Apt. #, etc. 22 Suite 1002 City & State 23 Altamonte Springs, FL Zip 24 32714 Country 25 US	2a. Mailing Address 26 210 N. Westmont Dr. Suite, Apt. #, etc. 27 Suite 1002 City & State 28 Altamonte Springs, FL Zip 29 32714 Country 30 US

3. Date Incorporated or Qualified: 02/20/1996

4. FEI Number: 59-3362755 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAGHGOU, ROBERT B 340 N. SPAULDING COVE HEATHROW FL 32746	81 Name: Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen B. Rozar **Karen B. Rozar, As Its Agent** 4-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	CFO / Sec. ☐ Change ☒ Addition
NAME	HAGHGOU, ROBERT B	1.2 NAME	Arthur Kobain
STREET ADDRESS	340 N. SPAULDING COVE	1.3 STREET ADDRESS	1903 S Congress Ave 400
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	Boynton Beach FL 33426
TITLE	STD ☒ DELETE	2.1 TITLE	Pres. & Director ☐ Change ☒ Addition
NAME	HAGHGOU, HUSHANG	2.2 NAME	Paul Peaches
STREET ADDRESS	619 MORGAN STREET	2.3 STREET ADDRESS	1903 S Congress Ave 400
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Boynton Beach FL 33426
TITLE	VD ☒ DELETE	3.1 TITLE	CEO ☒ Change ☐ Addition
NAME	MAYER, MICHAEL J	3.2 NAME	Robert B Haghgou
STREET ADDRESS	824 CAMARGO WAY APT 101	3.3 STREET ADDRESS	340 N. Spaulding Cove
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	Heathrow, FL
TITLE	☐ DELETE	4.1 TITLE	Exec. V.P. ☒ Change ☐ Addition
NAME		4.2 NAME	Michael J Mayer
STREET ADDRESS		4.3 STREET ADDRESS	824 Camargo Way Apt 101
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Altamonte Springs, FL
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	700002504087--7
STREET ADDRESS		5.3 STREET ADDRESS	-04/28/98-01124--014
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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: [signature] Sec. 4/28/98

CR2E034 (10/97)