FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
801 BRICKELL AVENUE, SUITE 932
MIAMI FL 33131
US

Mailing Address
801 BRICKELL AVENUE, SUITE 932
MIAMI FL 33131
US

2. Principal Place of Business
21 5499 North Federal Hwy
Suite, Apt. #, etc.
22 Suite E2
City & State
23 Boca Raton, Fl 33487
Zip
24 33487
Country
25 Palm Beach

2a. Mailing Address
26 5499 N. Federal Hwy
Suite, Apt. #, etc.
27 Suite E2
City & State
28 Boca Raton
Zip
29 33487
Country
30 Palm Beach

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 XX ☒ No

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 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 Leon J. Solomon
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE May 29, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	QUADARA, DOMINICK	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 932	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	☐ DELETE
NAME	LABROZZI, G F	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 932	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☒ DELETE
NAME	NEUMAN, SCOTT	
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 932	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	☐ DELETE
NAME	Gregory L. Paige	
STREET ADDRESS	5499 N. Federal Hwy, Ste E2	
CITY-ST-ZIP	Boca Raton, Fl 33487	
TITLE	TD	☐ DELETE
NAME	Michael Rehtorik	
STREET ADDRESS	5499 N. Federal Hwy., Ste E2	
CITY-ST-ZIP	Boca Raton, Fl 33487	
TITLE	SD	☐ 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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Exec VP/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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: G.F. Labrozzi, Director — May 29 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E034 (12/95)