

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **422339**

(2)

1. Corporation Name

FLORIDA LIFE CARE, INC.

Principal Place of Business

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BLVD
OWINGS MILLS MD 21117
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OT-CORP-SYS~~ **CT Corporation system**
1200 SO PINE ISL RD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DB
NAME	ELKINS, ROBERT A
STREET ADDRESS	10065 RED RUN BLVD.
CITY - ST - ZIP	OWINGS MILLS MD 21117
TITLE	DB
NAME	CIRKA, LAWRENCE P
STREET ADDRESS	10065 RED RUN BLVD.
CITY - ST - ZIP	OWINGS MILLS MD 21117
TITLE	V
NAME	CAHILL, DENNIS A
STREET ADDRESS	10065 RED RUN BLVD.
CITY - ST - ZIP	OWINGS MILLS MD 21117
TITLE	SD
NAME	LEVIN, MARC B
STREET ADDRESS	10065 RED RUN BLVD.
CITY - ST - ZIP	OWINGS MILLS MD 21117
TITLE	VD
NAME	ELKINS, MARSHALL A
STREET ADDRESS	10065 RED RUN BLVD.
CITY - ST - ZIP	OWINGS MILLS MD 21117
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☒ Addition
1.2 NAME	Pickett, Taylor
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Cirka, Lawrence
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:

Taylor Pickett

Taylor Pickett

1/30/95 (410)998-8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

**APPROVED
AND
FILED**

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001484853
-05/12/95--01004--001
***6200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1452755

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