FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:01

DOCUMENT # **688254** **(2)**

1. Corporation Name
PALM BEACH COUNTY MEDI-CAR, INC.

Principal Place of Business	Mailing Address
~~702 BUNKER RD~~ 2631 MERCER AVE WEST PALM BEACH FL 33401 US	~~702 BUNKER RD~~ ~~WEST PALM BEACH FL 33405~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1980	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2022526	☐ 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 qualifies for chargeable tax under § 196.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2631 Mercer Ave	26 2631 Mercer Ave.
Suite, Apt. #, etc. 22 West Palm Beach, FL.	Suite, Apt. #, etc. 27 West Palm Beach, FL.
City & State 23 33401-7415	City & State 28 33401-7415
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASO, NICHOLAS 2631 MERCER AVE WEST PALM BEACH FL 33401	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: _____ (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CASO, NICOLAS J	12 NAME	
STREET ADDRESS	~~702 BUNKER ROAD~~	13 STREET ADDRESS	2631 Mercer Ave
CITY ST ZIP	W PALM BCH, FL 00000	14 CITY ST ZIP	West Palm Beach, FL. 33401-7415
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CASO, ANNA	22 NAME	
STREET ADDRESS	~~702 BUNKER ROAD~~	23 STREET ADDRESS	2631 Mercer Ave.
CITY ST ZIP	W PALM BCH, FL 00000	24 CITY ST ZIP	West Palm Beach, FL. 33401-7415
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Nicholas J Caso — May 22 — 407 833 6616
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Daytime Phone)
Nicholas J Caso

0244778 CP