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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735239 (6)

1. Corporation Name

PARACARE ASSOCIATION OF PALM BEACH, INC.

Principal Place of Business

44 COCOANUT ROW, SUITE T-9
P O BOX 532
PALM BCH FL 33480

Mailing Address

44 COCOANUT ROW, SUITE T-9
P O BOX 532
PALM BCH FL 33480-05323. Date Incorporated or Qualified
03/11/19763a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number
51-0199392Applied For
Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAPLIN, NORMAN
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

81 Name

Rex Davis

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

44 Coconut Row

83

Suite t-9

84

City
Palm Beach

FL

85 Zip Code
33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

Rex Davis, Director

January 7, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME FLEMING, FRANK
STREET ADDRESS 3203 VASSALLO AVE.
CITY-ST-ZIP LAKE WORTH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME PERRON, RONALD B
STREET ADDRESS 13208 MARCELA BLVD.
CITY-ST-ZIP LOXAHATCHEE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME DAVIS, C. R
STREET ADDRESS 846 SW MAGNOLIA BLUFF DR.
CITY-ST-ZIP PALM CITY FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME SAXTON, CHARLES M.
STREET ADDRESS 714 NE 20TH LANE
CITY-ST-ZIP BOYNTON BEACH FL4.1 TITLE ☒ Change ☒ Addition
4.2 NAME SD
4.3 STREET ADDRESS SAXTON, CHARLES M.
4.4 CITY-ST-ZIP 734 NE 20TH LANE
BOYNTON BEACH, FL 33435-2422TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Saxton, Sec./Dir.

January 7, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039245

CR2E037 (9/96)