FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757530 (1)

1. Corporation Name
GUARDIAN CARE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
P.O.BOX 555877 2500 W CHRUCH STREET ORLANDO FL 32855-2877	P.O.BOX 555877 2500 W CHRUCH STREET ORLANDO FL 32855-2877

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1981
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2137039 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 2500 W. Church Street
22: Suite, Apt. #, etc.
23: City & State: Orlando, FL
24: Zip: 32805 25: Country: Orange

2a. Mailing Address
26: P.O. Box 555877
27: Suite, Apt. #, etc.
28: City & State: Orlando, FL
29: Zip: 32855-5877 30: Country: Orange

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

J. MARK COX, MD
606 SOUTH TAMPA AVENUE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name: Alfred L. Bookhardt
82 Street Address (P.O. Box Number is Not Acceptable)
83: 420 Domino Drive
84 City: Orlando FL 85 Zip Code: 32805

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: A. Bookhardt 2/23/95
Signature, typed or printed name of registered agent and title if applicable. DATE
NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	COX, J MARK	1.2 NAME	Delete	
STREET ADDRESS	2136 MONTE CARLO TRAIL	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BOOKHARDT, ALFRED L	2.2 NAME	Bookhardt, Alfred L.	
STREET ADDRESS	420 DOMINO DR	2.3 STREET ADDRESS	420 Domino Drive	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	COLLIER, JAMES C	3.2 NAME	Collier, James C.	
STREET ADDRESS	2500 WEST CHURCH STREET	3.3 STREET ADDRESS	2500 West Church Street	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BRIDGETT, NOEL, W	4.2 NAME	Bridgett, Noel W.	
STREET ADDRESS	6923 COLONY OAKS LANE	4.3 STREET ADDRESS	6923 Colony Oaks Lane	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32818	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Cox, Alfred B.	
STREET ADDRESS		5.3 STREET ADDRESS	2136 Monte Carlo Trail	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Bookhardt 2/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 407/295-9911

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