

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90029 046 ***150.00

DOCUMENT # F22495

1. Corporation Name

CARE HEALTH SERVICES OF FLORIDA, INC.

Principal Place of Business

1800 FOREST HILL BLVD.,#B-1
W.PALM BCH. FL 33406

Mailing Address

1800 FOREST HILL BLVD.,#B14
STE B1
W.PALM BCH. FL 33406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1981

4. FEI Number

59-2081894

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MARA, WILLIAM J.
1800 FOREST HILL BLVD.,#B14
W.PALM BCH. FL 33406

10. Name and Address of New Registered Agent

81 Name BILLIE J. DAVIS

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

1800 FOREST HILL BLVD STE B-1

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33406

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

BILLIE J. DAVIS PRES, COCEO 1/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME MARA, WILLIAM
STREET ADDRESS 1800 FOREST HILL BLVD.
CITY-ST-ZIP W.PALM BCH. FL

TITLE V ☐ DELETE

NAME DAVIS, BILLIE J.
STREET ADDRESS 1310 PINE VALLEY DR.
CITY-ST-ZIP W. PALM BEACH FL

TITLE VT ☐ DELETE

NAME MURPHY, MARTIN
STREET ADDRESS 4359 HACKBERRY ST
CITY-ST-ZIP PALM BCH GRDNS FL

TITLE OC ☐ DELETE

NAME HEALY, KENNETH
STREET ADDRESS 1800 FOREST HILL BLVD STE B-1
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE CHAIRMAN, SECRETARY, TREAS ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE OFFICER ☒ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTIN MURPHY

1/5/99

Date

561-641-5441

Daytime Phone #

CR2E034 (11/98)

0324548