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May 14, 2001 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # F32328

(9)

1. Corporation Name

COORDINATED CARE, INC.

Principal Place of Business

Mailing Address

C/O FRED A LANE
403 SOUTH AMELIA AVENUE
DELAND FL 32724

C/O FRED A LANE
403 SOUTH AMELIA AVENUE
DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1981

4. FEI Number

59-2183655

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 191 LAKE MOLLY AVE

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 231 W. MINNESOTA AVE

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32720

9. Name and Address of Current Registered Agent

LANE, FRED A
231 W MINNESOTA AVE
DELAND FL

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LANE, FRED A
STREET ADDRESS 231 W MINNESOTA AVE
CITY - ST - ZIP DELAND, FL 32720

TITLE STD ☐ DELETE

NAME LANE, PATRICIA S
STREET ADDRESS 231 W MINNESOTA AVE
CITY - ST - ZIP DELAND, FL 32720

TITLE V ☐ DELETE

NAME LANE, L PATRICK
STREET ADDRESS 231 W MINNESOTA AVE
CITY - ST - ZIP DELAND, FL 32720

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

2.2 NAME

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0068615

CR2E034 (10/97)