

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000000685 (8)

1. Corporation Name

NATIONWIDE CARE, INC.

Principal Place of Business

Mailing Address

9200 KEYSTONE CROSSING, SUITE 800
INDIANAPOLIS IN 46240

9200 KEYSTONE CROSSING, SUITE 800
INDIANAPOLIS IN 46240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

03/15/1994

4. FEI Number

35-1871185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the if applicable.

(NOTE: Registered Agent signature required when re-registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME PHILLIPPE, THOMAS E SR.
STREET ADDRESS 11721 SEA STAR DRIVE
CITY-ST-ZIP INDIANAPOLIS IN 46256

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME PHILLIPPE, THOMAS E JR.
STREET ADDRESS 8520 CAPTAINS COURT
CITY-ST-ZIP INDIANAPOLIS IN 46236

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME BENSON, RODNEY E
STREET ADDRESS 9702 GULFSTREAM DRIVE
CITY-ST-ZIP FISHERS IN 46038

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ROTH, PAUL F
STREET ADDRESS 9200 KEYSTONE CROSSING, SUITE 800
CITY-ST-ZIP INDIANAPOLIS IN 46038

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

T James G. Burkhardt
JAMES G. BURKHART
9200 KEYSTONE CROSSING, # 800
INDPLS, IN 46240

TITLE D
NAME MERVINE, GREGORY O
STREET ADDRESS 9888 FARRAGUT CIRCLE
CITY-ST-ZIP INDIANAPOLIS IN 46256

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 ON THIS REPORT

(Date)

(Signature Name)