

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # F94000000366 (4)

1. Corporation Name

COMMUNITY CARE OF AMERICA, INC.



Principal Place of Business

3050 N HORSESHOE DR
STE 260
NAPLES FL 33942
US

Mailing Address

3050 N HORSESHOE DR
STE 260
NAPLES FL 33942
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

04/30/1996

4. FEI Number

52-1823411

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, JOHN L	
STREET ADDRESS	10085 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALL, DAMON	
STREET ADDRESS	DESAI CAPITAL MGMT 540 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOSS, S MICHAEL	
STREET ADDRESS	BLOSS & DRIGGS, 641 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PINE, DANIEL G	
STREET ADDRESS	DESAI CAPITAL MGMT, 540 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, ROBERT N	
STREET ADDRESS	10085 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	CREASMAN, KENNETH W	
STREET ADDRESS	10085 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of Board of Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John L. Silverman	
1.3 STREET ADDRESS	3050 N. Horseshoe Dr, Suite 260	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William J. Krystopowicz	
2.3 STREET ADDRESS	3050 N. Horseshoe Dr, Suite 260	
2.4 CITY-ST-ZIP	Naples, FL 33942	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael S. Bloss	
3.3 STREET ADDRESS	3050 N. Horseshoe Dr, Suite 260	
3.4 CITY-ST-ZIP	Naples, FL 33942	
4.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Deborah A. Lau	
4.3 STREET ADDRESS	Same as above	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Timothy Trybus	
5.3 STREET ADDRESS	3050 N. Horseshoe Dr, Suite 260	
5.4 CITY-ST-ZIP	Naples, FL 33942	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy Trybus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97
Date

Daytime Phone #

CR2E034 (9/96)