

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90009 048 ***150.00

DOCUMENT # F94000000366

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 S 33942
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

52-1823411

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

21 10065 Red Run Blvd

Suite, Apt. #, etc.

22 City & State

23 Owings Mills, MD

Zip

24 2117 25 USA

Country

2a. Mailing Address

26 10065 Red Run Blvd

Suite, Apt. #, etc.

27 City & State

28 Owings Mills, MD

Zip

29 2117 30 USA

Country

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 P
NAME ELKINS, ROBERT N.
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE T
NAME BENNETT, BRADLEY
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE VP
NAME FULCHINO, MARK
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE SD
NAME LEVIN, MARC B.
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 3050 N HORSESHOE DR SUITE 260
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Taylor Pickett
1.3 STREET ADDRESS 10065 Red Run Blvd
1.4 CITY-ST-ZIP Owings Mills, MD 21117

☐ Change

☒ Addition

2.1 TITLE T
2.2 NAME Robert Stephenson
2.3 STREET ADDRESS 10065 Red Run Blvd
2.4 CITY-ST-ZIP Owings Mills, MD 21117

☐ Change

☒ Addition

3.1 TITLE V
3.2 NAME Mark Fulchino
3.3 STREET ADDRESS 10065 Red Run Blvd
3.4 CITY-ST-ZIP Owings Mills, MD 21117

☒ Change

☐ Addition

4.1 TITLE SD
4.2 NAME marc B. Levin
4.3 STREET ADDRESS 10065 Red Run Blvd
4.4 CITY-ST-ZIP Owings Mills, MD 21117

☒ Change

☐ Addition

5.1 TITLE D
5.2 NAME Marshall Elkins
5.3 STREET ADDRESS 10065 Red Run Blvd
5.4 CITY-ST-ZIP Owings Mills, MD 21117

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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:

Signature and typed or printed name of signing officer or director
Mark Fulchino

4/6/99

410-998-8578
Daytime Phone #

CR2E034 (11/98)