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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000804 (4)

1. Corporation Name
NATIONS' CARE, INC.

Principal Place of Business

9 FARM SPRINGS DR.
FARMINGTON CT 06032

Mailing Address

9 FARM SPRINGS DR.
FARMINGTON CT 06032-2569

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

04/26/1996

4. FEI Number

06-1385513

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SV
BARRY, DANIEL L
9 FARM SPRINGS DR.
FARMINGTON CT

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SVAS
MALONEY, MICHAEL P
600 FIFTH AVENUE
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SVT
PAPA, VINCENT T
600 FIFTH AVENUE
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

V
DICKSON, WILLIAM A
197 SCOTT SWAMP RD.
FARMINGTON CT 06032

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

C
ALAN R. GRUBER
600 FIFTH AVENUE
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP
STANLEY G. FULLWOOD
9 FARM SPRINGS DRIVE
FARMINGTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

SVP, CFO, D

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

D, SVO, CIO, AS

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

SVP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

D, P
Jonathan H. Gice
325 N. Corporate Drive
Brookfield, WI 53045

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

VP, GC, S

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 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: Stanley G. Fullwood 4/22/97 (860) 674-6600

CR2E034 (9/96)