

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:22

DOCUMENT # F94000003686 (2)

1. Corporation Name

INTER CARE GROUP, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/14/1994

4. FEI Number

Applied For

85-0422864

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**

7. 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

**CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ELLIOTT, NEAL M

STREET ADDRESS

6001 INDIAN SCHOOL RD., NE, #530

CITY - ST - ZIP

ALBUQUERQUE NM 87110

1.1 TITLE

PD

1.2 NAME

Elliott, Neal M.

1.3 STREET ADDRESS

5071 Los Poblanos, N.W.

1.4 CITY - ST - ZIP

Albuquerque, NM 87107

☒ Change ☐ Addition

TITLE

VDC

NAME

BELT, KLEMETT L JR

STREET ADDRESS

6001 INDIAN SCHOOL RD., NE, #530

CITY - ST - ZIP

ALBUQUERQUE NM 87110

2.1 TITLE

V/D

2.2 NAME

Belt, Klemett L. Jr.

2.3 STREET ADDRESS

7406 Seabrook, N.E.

2.4 CITY - ST - ZIP

Albuquerque, NM 87111

☒ Change ☐ Addition

TITLE

ST

NAME

GONZALES, CHARLES H

STREET ADDRESS

6001 INDIAN SCHOOL RD., NE, #530

CITY - ST - ZIP

ALBUQUERQUE NM 87110

3.1 TITLE

V/D

3.2 NAME

Gonzales, Charles H.

3.3 STREET ADDRESS

1419 Camino Amparo

3.4 CITY - ST - ZIP

Albuquerque, NM 87107

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

S

4.2 NAME

Sauder, Scot

4.3 STREET ADDRESS

3412 Mateo Prado, N.W.

4.4 CITY - ST - ZIP

Albuquerque, NM 87107

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

V

5.2 NAME

Johnson, Ernest H.

5.3 STREET ADDRESS

6121 Carousal, N.W.

5.4 CITY - ST - ZIP

Albuquerque, NM 87120

☐ 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:

Scot Sauder

Scot Sauder

4-3-95

(505) 881-4761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary