

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003686 (2)

1. Corporation Name

INTER CARE GROUP, INC.



Principal Place of Business

6001 INDIAN SCHOOL RD., N.E., #530
ALBUQUERQUE NM 87110

Mailing Address

6001 INDIAN SCHOOL RD., N.E., #530
ALBUQUERQUE NM 87110

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

85-0422864

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

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 if not applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME PD
STREET ADDRESS ELLIOTT, NEAL M
CITY-STATE-ZIP 5091 LOS POBLANOS NW
ALBUQUERQUE NM

2. TITLE ☒ DELETE

NAME VD
STREET ADDRESS BELT, KLEMETT L JR
CITY-STATE-ZIP 9406 NE SEABROOK
ALBUQUERQUE NM

3. TITLE ☐ DELETE

NAME VD
STREET ADDRESS GONZALES, CHARLES H
CITY-STATE-ZIP 1419 CAMINO AMPARO
ALBUQUERQUE NM

4. TITLE ☐ DELETE

NAME S
STREET ADDRESS SAUDER, SCOT
CITY-STATE-ZIP 3412 NW MATEO PRADO
ALBUQUERQUE NM

5. TITLE ☐ DELETE

NAME V
STREET ADDRESS SCHOFIELD, ERNEST A.
CITY-STATE-ZIP 6121 CAROUSEL NW
ALBUQUERQUE NM

6. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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 119.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)