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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94997** **(6)**

1. Corporation Name

INSTA-CARE HOLDINGS, INC.

Principal Place of Business	Mailing Address
5111 ROGERS AVENUE SUITE 40-A LARGO FL 72919-0155 US	5111 ROGERS AVENUE SUITE 40-A LARGO FL 72919-0155 US

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

3. Date Incorporated or Qualified: **08/18/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2213553** ☐ 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. 190.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if any. (NOTE: If registered agent is a corporation, the name and title of the officer must be listed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BANKS, DAVID R. 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAYNE, ROALD C. 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition V Astor, Jay 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDE WOLTIL, ROBERT D. 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition DVC Hendrickson, Boyd W. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS POMMERVILLE, ROBERT W. 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT HOLLINGSWORTH, SCHUYLER 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001873486 -06/24/96--01045--037 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STEPHENS, BOBBY W. 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition VP/AS MacKenzie, John W. 5111 Rogers Avenue, suite 40-A Fort Smith, AR 72919-0155

5/1/96

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)(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: John W. MacKenzie John W. MacKenzie 4/25/96 501-484-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)