

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN -2 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94997

(6)

1. Corporation Name

INSTA-CARE HOLDINGS, INC.

Principal Place of Business

5111 ROGERS AVENUE SUITE 40-A
FORT SMITH AR 72919-0155
US

Mailing Address

5111 ROGERS AVENUE SUITE 40-A
FORT SMITH AR 72919-0001
US

3. Date Incorporated or Qualified

08/18/1982

3a. Date of Last Report

05/01/1996

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. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CY CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Heborah D. Skipper

(NOTE: Registered Agent signature required when reinstating)

DATE

6-2-97

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BANKS, DAVID R.	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ASTOR, JAY	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, BOYD W.	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	POMMERVILLE, ROBERT W.	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, SCHUYLER	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MACKENZIE, JOHN W.	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002197549--6
1.3 STREET ADDRESS	-06/02/97--01063--018
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President, Chief Exe. Off.
2.3 STREET ADDRESS	C. Arnold Renschler, M.D.
2.4 CITY-ST-ZIP	2611 Queen Palm Drive Tampa, FL 33630-3054
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

John W. MacKenzie

John W. MacKenzie

April 18, 1997 (501)452-6712

Date

Daytime Phone #

CR2E034 (9/96)