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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94997**

1. Corporation Name
INSTA-CARE HOLDINGS, INC.

Principal Place of Business	Mailing Address
3611 QUEEN PALM DRIVE TAMPA FL 33619 US	3611 QUEEN PALM DRIVE TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/18/1982

2. Principal Place of Business
21: 175 Kelsey lane
22: Suite, Apt. #, etc.
23: City & State: Tampa, FL
24: Zip: 33619 25: Country: US

2a. Mailing Address
26: 175 Kelsey Lane
27: Suite, Apt. #, etc.
28: City & State: Tampa, FL
29: Zip: 33619 30: Country: US

4. FEI Number: 59-2213553 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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 applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SILBER, ALLAN		1.2 NAME	David Banks	
STREET ADDRESS	130 KING ST WEST/ P O BOX 435		1.3 STREET ADDRESS	5111 Rogers Ave #40-A	
CITY-ST-ZIP	TORONTO CA M5X 1		1.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	P	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PERLIS, MORRIS		2.2 NAME	Boyd Hendrickson	
STREET ADDRESS	130 KING STREET WEST/P O BOX 435		2.3 STREET ADDRESS	5111 Rogers Ave #40-A	
CITY-ST-ZIP	TORONTO CA M5X 1		2.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	PCEO	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RENSCHLER, C ARNOLD		3.2 NAME		
STREET ADDRESS	3611 QUEEN PALM DRIVE		3.3 STREET ADDRESS	175 Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE	EVPC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VALLE, BOB DELLA		4.2 NAME		
STREET ADDRESS	9901 E VALLEY RANCH PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75063		4.4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	SVPG	☐ DELETE	5.1 TITLE		
NAME	JOHNSON, CURT		5.2 NAME		
STREET ADDRESS	3611 QUEEN PALM DR		5.3 STREET ADDRESS	175 Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33619		5.4 CITY-ST-ZIP	Tampa, FL 33619	☒ Change ☒ Addition
TITLE	VP	☒ DELETE	6.1 TITLE	VP/CFO	
NAME	JONES, SCOTT		6.2 NAME	David Redmond	
STREET ADDRESS	3611 QUEEN PALM DRIVE		6.3 STREET ADDRESS	175 Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33619		6.4 CITY-ST-ZIP	Tampa, FL 33619	

...this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ...ate and that my signature shall have the same legal effect as if made under oath; that I am an ...ired by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (11/98)