

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90022 019 \*\*\*150.00

0816108 AT

**DOCUMENT # F94997****1. Entity Name**  
**INSTA-CARE HOLDINGS, INC.****Principal Place of Business**  
**4000 METROPOLITAN DRIVE**  
**ORANGE CA 92868**  
**US****Mailing Address**  
**4000 METROPOLITAN DRIVE**  
**ORANGE CA 92868**  
**US**

00021882



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1300 Morris Drive****3. Mailing Address**  
**P.O. Box 959**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Chesterbrook, PA****City & State**  
**Valley Forge, PA****4. FEI Number**  
**59-2213553****Applied For**  
**Not Applicable****Zip**  
**19087-5594****Country**  
**US****Zip**  
**19482****Country**  
**US****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324****7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE****9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CARPENTER, CHARLES J</b>	
<b>STREET ADDRESS</b>	<b>4000 METROPOLITAN DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ORANGE CA 92868</b>	
<b>TITLE</b>	<b>EVP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DIMICK, NEIL F</b>	
<b>STREET ADDRESS</b>	<b>4000 METROPOLITAN DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ORANGE CA 92868</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>SAWDEI, MILAN A</b>	
<b>STREET ADDRESS</b>	<b>4000 METROPOLITAN DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ORANGE CA 92868</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MONTEVIDEO, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>4000 METROPOLITAN DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ORANGE CA 92868</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>Secretary/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>William D. Sprague</b>	
<b>STREET ADDRESS</b>	<b>1300 Morris Drive</b>	
<b>CITY-ST-ZIP</b>	<b>Chesterbrook, PA 19087-5594</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Kent Harms</b>	
<b>STREET ADDRESS</b>	<b>4000 Metropolitan Drive</b>	
<b>CITY-ST-ZIP</b>	<b>Orange, CA 92868</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****SIGNATURE REQUIRED****Kent Harms, Assistant Secretary****1/15/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)