

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000003367 (8)

1. Corporation Name

CARING OPERATIONS REGISTRY, INC.

2101A CARING OPERATIONS HOME HEALTH CARE

Principal Place of Business

Mailing Address

11440 OKEECHOBEE BLVD
202
ROYAL PALM BCH FL 33411
US

11440 OKEECHOBEE BLVD
202
ROYAL PALM BCH FL 33411
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1995

4. FEI Number

11-2991144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JACK, S. HUBERT EVP
11440 OKEECHOBEE BLVD SUITE 202
ROYAL PALM BCH FL 33411

10. Name and Address of New Registered Agent

81 Name

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

83 *SAME AS CURRENT*

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] S. HUBERT JACK - EXEC. V.P.

01/05/98

Signature based on printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME JACK, NORMA A RN
STREET ADDRESS 2375 DEER RUN BLVD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VCV ☐ DELETE

NAME JACK, S H RT
STREET ADDRESS 2375 DEER RUN BLVD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☐ DELETE

NAME DUNKLEY, EILEEN
STREET ADDRESS 2549 STRANG AVE
CITY-ST-ZIP BRONX NY 10469

TITLE D ☐ DELETE

NAME DUNKLEY, BALFOUR
STREET ADDRESS 2549 STRANG AVE
CITY-ST-ZIP BRONX NY 10469

TITLE S ☐ DELETE

NAME WHITE, ANNE M
STREET ADDRESS 2375 DEER RUN BLVD
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE OMD ☐ DELETE

NAME JACK, STANLEY
STREET ADDRESS 8771 SW 8TH ST
CITY-ST-ZIP PLANTATION FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME *SAME AS INDICATED IN*
1.3 STREET ADDRESS *BLOCK 12 -*
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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]

CR2E034 (10/97)