

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004744 (7)

1. Corporation Name

BAYER RESTORATIVE CARE, INC.



Principal Place of Business

Mailing Address

4653C L. B. MCLEOD RD.
ORLANDO FL 32811

4653C L. B. MCLEOD RD.
ORLANDO FL 32811

2. Principal Place of Business

2a. Mailing Address

21 200 S. BARFIELD HWY

26 7533 EASY STREET

Suite, Apt #, etc

Suite, Apt #, etc

City & State

23 PAHOKEE, FL

City & State

28 MASON, OHIO

Zip

24 33476

Country

25 U.S.A

Zip

29 45040

Country

30 U.S.A

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

4. FEI Number

31-1391768

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

9. Name and Address of Current Registered Agent

TEETER, SUSAN
4653C L. B. MCLEOD ROAD
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BAYER, RICHARD
STREET ADDRESS 5083 WESTERVILLE RD.
CITY - ST - ZIP COLUMBUS OH 43231

TITLE V ☐ DELETE

NAME JORDAN, THOMAS
STREET ADDRESS 5083 WESTERVILLE RD.
CITY - ST - ZIP COLUMBUS OH 43231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

CHAIRMAN

12 NAME

Same

13 STREET ADDRESS

Same

14 CITY - ST - ZIP

Same

21 TITLE

PRESIDENT

22 NAME

JORDAN, THOMAS

23 STREET ADDRESS

7533 EASY ST

24 CITY - ST - ZIP

MASON, OHIO 45040

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96
Date

513/459-9200
Display Phone #

CR2E034 (3/96)