FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005404 (7)**

1. Corporation Name
CORPORATE CARE PROVIDERS, INC.

Principal Place of Business
4206 VINELAND RD., #J-1
ORLANDO FL 32811

Mailing Address
4206 VINELAND RD., #J-1
ORLANDO FL 32811

3. Date Incorporated or Qualified: **11/03/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 4209 Vineland Road
Suite, Apt. #, etc.
22 Suite J-1
City & State
23 Orlando, FL
Zip: 24 32811
Country: 25 USA

2a. Mailing Address
26 4209 Vineland Road
Suite, Apt. #, etc.
27 Suite J-1
City & State
28 Orlando, FL
Zip: 29 32811
Country: 30 USA

4. FEI Number: **59-3335911** — 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**
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 617.1502, 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 of Registered Agent or Officer or Director of Registered Agent DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BAUM, CLAUDE A		1.2 NAME	
STREET ADDRESS: 477 MADISON AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP: NEW YORK NY 10022		1.4 CITY-ST-ZIP	
TITLE: PDC	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME: MILLEY, ALEXANDER M		2.2 NAME	
STREET ADDRESS: 4206 VINELAND RD., #J-1		2.3 STREET ADDRESS: 12917 Waterpoint Blvd.	
CITY-ST-ZIP: ORLANDO FL 32811		2.4 CITY-ST-ZIP: Windermere, FL 34786	
TITLE: VS	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME: DRUGGISH, THOMAS R		3.2 NAME	
STREET ADDRESS: 4206 VINELAND RD., #J-1		3.3 STREET ADDRESS: 8822 Great Cove Drive	
CITY-ST-ZIP: ORLANDO FL 32811		3.4 CITY-ST-ZIP: Orlando, FL 32819	
TITLE: VT	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME: DOOLITTLE, DAVID M		4.2 NAME	
STREET ADDRESS: 4206 VINELAND RD., #J-1		4.3 STREET ADDRESS: 2662 Shinoak Drive	
CITY-ST-ZIP: ORLANDO FL 32811		4.4 CITY-ST-ZIP: Orlando, FL 32837	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I am 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Doolittle — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/1/96 Date — (407) 849-9800 Daytime Phone #

CR2E034 (12/95)