

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000000375 (3)

1. Corporation Name

CARELINK &amp; ASSOCIATES, INC.



Principal Place of Business

4565 OLD POND DRIVE  
PLANO TX 75024

Mailing Address

4565 OLD POND DRIVE  
PLANO TX 75024-4711

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

N/A

4. FEI Number

75-2620607

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

?

2. Principal Place of Business

21 13140 Coit Rd LB112

2a. Mailing Address

26 13140 Coit Rd LB112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27 300

City &amp; State

City &amp; State

23 Dallas, TX

28 Dallas TX

Zip Country

Zip Country

24 75240

25 Dallas

29 75240

30 Dallas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKERMAN, SENTERFITT & EIDSON, P.A.  
216 SOUTH MONROE ST., STE. 200  
TALLAHASSEE FL 32302

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 Judy T. BASANTE N/A

President/CEO N/A

1/6/96

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETENAME BASANTE, JUDY T  
STREET ADDRESS 4565 OLD POND DRIVE  
CITY - ST - ZIP PLANO TX 75024TITLE S ☒ DELETENAME FOREMAN, SUSAN  
STREET ADDRESS 1705 SOUTHAMPTON DRIVE  
CITY - ST - ZIP CARROLLTON TX 75007TITLE T ☐ DELETENAME DAUPHIN, BRIAN  
STREET ADDRESS 4565 OLD POND DRIVE  
CITY - ST - ZIP PLANO TX 75024TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 do 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:

Judy T. Basante

Date

Daytime Phone #

1/6/96 972-889-0629

CR2E034 (9/96)