FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 AUG 11 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002222 (5)

1. Corporation Name
PROCARE AMERICA, INC.

Principal Place of Business
1500 COLONIAL BLVD., STE. 221
FORT MYERS FL 33907

Mailing Address
1500 COLONIAL BLVD., STE. 221
FORT MYERS FL 33907-1026

3. Date Incorporated or Qualified: 05/03/1996
3a. Date of Last Report:

2. Principal Place of Business
21 12995 SOUTH CLEVELAND AV.
Suite, ~~Apt. #, etc.~~
22 109
City & State
23 FT. MYERS FL
Zip 24 33907 Country 25 LEE

2a. Mailing Address
26 12995 SOUTH CLEVELAND AV.
Suite, ~~Apt. #, etc.~~
27 109
City & State
28 FT. MYERS FL
Zip 29 33907 Country 30 LEE

4. FEI Number: 41-1761053 — 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
COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD. #101
FORT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name: JAMES KARABASZ
82 Street Address (P.O. Box Number is Not Acceptable): 2111 Pine Ridge Rd
83
84 City: NAPLES FL 85 Zip Code: 34109

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: James Karabasz — 8/7/97
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	DCEO	☑ DELETE
NAME	STEPHENS, MARYANN T	
STREET ADDRESS	1500 COLONIAL BLVD., STE. 221	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DP	☑ DELETE
NAME	STEPHEN, OWEN L	
STREET ADDRESS	1500 COLONIAL BLVD., STE. 221	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	☑ DELETE
NAME	KAY, DONNA	
STREET ADDRESS	1500 COLONIAL BLVD., STE. 221	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	☑ DELETE
NAME	PETERSON, BRENT	
STREET ADDRESS	1500 COLONIAL BLVD., STE. 221	
CITY-ST-ZIP	FORT MYERS FL 33907	
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

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	JAMES KARABASZ	
1.3 STREET ADDRESS	2111 PINE RIDGE RD	
1.4 CITY-ST-ZIP	NAPLES, FL 34109	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	900002264479---4	
2.3 STREET ADDRESS	-08/12/97--01046--007	
2.4 CITY-ST-ZIP	****165.00 ****165.00	
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: [illegible] 4/30/97 (941) 592-0070

CR2E034 (9/96)