

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90009 049 \*\*\*150.00

DOCUMENT # F96000006870

1. Corporation Name

W.S.T. CARE, INC.

Principal Place of Business

3050 N. HORSESHOE DR. #260  
NAPLES FL 33942

Mailing Address

3050 N. HORSESHOE DR. #260  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

47-0628238

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10065 Red Run Blvd

Suite, Apt. #, etc.

22 City & State

23 Owings Mills MD

Zip

Country

24 21117

25 USA

2a. Mailing Address

26 10065 Red Run Blvd

Suite, Apt. #, etc.

27 City & State

28 Owings Mills MD

Zip

Country

29 21117

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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  
NAME ELKINS, ROBERT N.  
STREET ADDRESS 3050 N. HORSESHOE DR. #260  
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE T  
NAME BENNETT, BRADLEY  
STREET ADDRESS 3050 N. HORSESHOE DR. #260  
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE VP  
NAME FULCHINO, MARK  
STREET ADDRESS 3050 N. HORSESHOE DR. #260  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE SD  
NAME LEVIN, MARC B.  
STREET ADDRESS 3050 N. HORSESHOE DR. #260  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D  
NAME ELKINS, MARSHALL  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Taylor Pickett  
1.3 STREET ADDRESS 10065 Red Run Blvd  
1.4 CITY-ST-ZIP Owings Mills, MD 21117 ☐ Change ☒ Addition

2.1 TITLE T  
2.2 NAME Robert Stephenson  
2.3 STREET ADDRESS 10065 Red Run Blvd  
2.4 CITY-ST-ZIP Owings Mills MD 21117 ☐ Change ☒ Addition

3.1 TITLE V  
3.2 NAME mark Fulchino  
3.3 STREET ADDRESS 10065 Red Run Blvd  
3.4 CITY-ST-ZIP Owings Mills MD 21117 ☒ Change ☐ Addition

4.1 TITLE S/D  
4.2 NAME marc B. Levin  
4.3 STREET ADDRESS 10065 Red Run Blvd  
4.4 CITY-ST-ZIP Owings Mills, MD 21117 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Mark Fulchino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

410.998.8578  
Daytime Phone #

CR2E034 (11/98)