

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 017 ***550.00

DOCUMENT # **F97000000172**

Corporation Name

LOGISTICARE, INC.



Principal Place of Business

**09 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address

**1209 ORANGE STREET
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1895 PHOENIX BLVD

2a. Mailing Address

26 1895 PHOENIX BLVD.

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

27 306

City & State

COLLEGE PARK

City & State

28 COLLEGE PARK, GA

Zip

GA

Country

25 30349

Zip

29 30349

Country

30

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

13-3765416

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SHERMYEN, JOHN
8175 N.W. 12TH STREET, SUITE 430
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

SHERMYEN, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

8323 NW 12 ST

83

109

84 City

MIAMI

FL

85 Zip Code

33126

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

SIGNATURE

Signature, typed or printed name of registered agent

Signature required when reinstating

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY-STATE-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
PCEO	SHERMYEN, JOHN	8323 NW 12TH STREET, SUITE 109 MIAMI FL 33126	<input type="checkbox"/> DELETE																							
COB	WEKSEL, WILLIAM	298 WOODLAND ST TENAFLY NJ 07670	<input checked="" type="checkbox"/> DELETE																							
VPDC	WEKSEL, MICHAEL	1895 PHOENIX BLVD, SUITE 306 COLLEGE PARK GA 30349	<input checked="" type="checkbox"/> DELETE																							
D	PAPPAJOHN, JOHN	2166 FINANCIAL CENTER DES MOINES IA 50309	<input type="checkbox"/> DELETE																							
D	SCHAFFER, DERALE L	3489 ELMWOOD AVE ROCHESTER NY 14610	<input type="checkbox"/> DELETE																							
			<input type="checkbox"/> DELETE																							

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

Date

Daytime Phone #

CR2E034 (5/99)