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
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # F97000000761
Corporation Name NATCARE, INC.

[redacted]

Principal Place of Business	Mailing Address
1900 CORPORATE BLVD SUITE 400W BOCA RATON, FL 33431	1900 CORPORATE BLVD, NW SUITE 400W BOCA RATON, FL 33431

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: Nov. 20, 1996	3a. Date of Last Report: None
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 23-2880032	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	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

CSC-TALLAHASEE
1201 HAYS STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City | 85 Zip Code

1. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	ERNEST C. WILCOCK	1.2 NAME	
REET ADDRESS	1900 CORPORATE BLVD, NW; Ste. 400W	1.3 STREET ADDRESS	
TY-ST-ZIP	BOCA RATON, FL 33431	1.4 CITY-ST-ZIP	
TLE	DS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	JAMES E. PATRICK	2.2 NAME	
REET ADDRESS	1900 CORPORATE BLVD, NW; Ste. 400W	2.3 STREET ADDRESS	
TY-ST-ZIP	BOCA RATON, FL 33431	2.4 CITY-ST-ZIP	
TLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	Jeffrey MALLOW	3.2 NAME	
REET ADDRESS	1900 CORPORATE BLVD, NW; Ste. 400W	3.3 STREET ADDRESS	
TY-ST-ZIP	BOCA RATON, FL 33431	3.4 CITY-ST-ZIP	
TLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME	KAMALA CHAPMAN	4.2 NAME	
REET ADDRESS	1900 CORPORATE BLVD, NW; Ste. 400W	4.3 STREET ADDRESS	
TY-ST-ZIP	BOCA RATON, FL 33431	4.4 CITY-ST-ZIP	
TLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

4/29/97

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4. 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: Kamala R Chapman 4/25/97 561-994-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #