'FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** H18401 Corporation Name COMMUNITY PRIVATE CARE, INC. Mailing Address Principal Place of Business 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 08/28/1984 4 EEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2458813 26 \$8.75 Additional Suite. Apt #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Country Zio Ζφ Florida Statutes ☐ Yes ☐ No 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. Pine Island Road Plantation, FL. 33324 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signalure required when reinstating) Signature ityped or printed name of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Add 5 or Change DELETE 1 1 TITLE TITLE CPD CR2E034 1.2 NAME NAME Young, Ronnie L 13 STREET ADDRESS 171 Monroe Lane STREET ADDRESS Lexington, S.C. 29072 14 CITY - ST - ZIP CITY - ST - ZIP Addition Change 2 1 TITLE TITLE TS 2 2 NAME Lathrop, Cheyrl NAME 23 STREET ADDRESS 171 Monroe Lane STREET ADDRESS Lexington, S.C. 29072 24 City - St - ZiP CITY - ST - ZIP Abilition Change DELETE 3 1 TITLE TATLE 3.2 NAME Keim, John D. NAMÉ 171 Monroe Lane 33 STREET ADDRESS STREET ACIDRESS Lexington, S.C. 29072 3.4 City - St - ZIP CITY-ST-ZIP A1100 Change DELETE 4 1 THILE TITLE 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP 600001847048*** 5 1 TIPLE DELETE TITLE -06/03/96--01017--020 5.2 NAME HAME ***200.00 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY ST-ZIP DELETE 6 1 TIFLE TIFLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 affector 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 or an attachment with an address

SIGNATURE:

MONATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF MECTOR
Ronnie L. Young

4/16/96

(803) 957-<u>05</u>00

Daytine Proce #