CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 13 PM 4:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H35166 (8)

1. Corporation Name
HEALTH CARE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % EDWIN PRESSER<br>570 MEMORIAL CIRCLE STE A<br>ORMOND BCH FL 32174 | % EDWIN PRESSER<br>570 MEMORIAL CIRCLE STE A<br>ORMOND BCH FL 32174 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1984
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 59-2477077 ☐ 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

GLICKSTEIN, GERALD
570 MEMORIAL CIRCLE, SUITE A
ORMOND BCH. FL 32074

10. Name and Address of New Registered Agent

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 _____ 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 | |
|---|---|---|---|
| TITLE | DPT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GLICKSTEIN, GERALD H. | 12 NAME | |
| STREET ADDRESS | 570 MEMORIAL CIR.STE A | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | DS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | GLICKSTEIN, BARBARA | 22 NAME | |
| STREET ADDRESS | 570 MEMORIAL CIR.STE A | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I 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)(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: Gerald H. Glickstein Gerald H. Glickstein 4-8-95 407-672-7493
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0011084 CP