

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAR 21 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83189

(1)

1. Corporation Name

CAREUNIT OF FLORIDA, INC.

Principal Place of Business

16305 SWINGLEY RIDGE
CHESTERFIELD MO 63017

Mailing Address

16305 SWINGLEY RIDGE
CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1985

3a. Date of Last Report

04/26/1994

4. FEI Number

33-0142061

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

2. Principal Place of Business

21 4350 Von Karman Ave.

2a. Mailing Address

26 4350 Von Karman Ave.

Suite, Apt. #, etc.

22 280

Suite, Apt. #, etc.

27 280

City & State

23 Newport Beach, CA

City & State

28 Newport Beach, CA

Zip

24 92660

Country

25 USA

Zip

29 92660

Country

30 USA

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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

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 PETERS, RICHARD C.
STREET ADDRESS 16305 SWINGLEY RIDGE DRIVE
CITY-ST-ZIP CHESTERFIELD MO

TITLE VT
NAME FOLLMER, FRED C.
STREET ADDRESS 16305 SWINGLEY RIDGE DRIVE
CITY-ST-ZIP CHESTERFIELD MO

TITLE VS
NAME RUPPERT, KERRI
STREET ADDRESS 16305 SWINGLEY RIDGE DRIVE
CITY-ST-ZIP CHESTERFIELD MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Chriss W. Street
1.3 STREET ADDRESS 4350 Von Karman Ave. #280
1.4 CITY-ST-ZIP Newport Beach, CA 92660

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Drew Q. Miller
2.3 STREET ADDRESS 4350 Von Karman Ave. #280
2.4 CITY-ST-ZIP Newport Beach, CA 92660

3.1 TITLE VS ☒ Change ☐ Addition
3.2 NAME Kerri Ruppert
3.3 STREET ADDRESS 4350 Von Karman Ave. #280
3.4 CITY-ST-ZIP Newport Beach, CA 92660

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, 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 SIGNING OFFICER OR DIRECTOR

KERRI RUPPERT

Date

Signature