

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # H83189 (1)**

1. Corporation Name

**CAREUNIT OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**4350 VON KARMAN AVE.  
280  
NEWPORT BEACH CA 92660  
US**

**4350 VON KARMAN AVE.  
280  
NEWPORT BEACH CA 92660  
US**

2. Principal Place of Business

2a. Mailing Address

21 **1111 Bayside Drive**

26 **1111 Bayside Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27 **Suite 100**

City & State

City & State

23 **CORONA DEL MAR, CA**

28 **CORONA DEL MAR, CA**

Zip

Country

Zip

Country

24 **92625**

25 **USA**

29 **92625**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/30/1985**

3a. Date of Last Report

**03/21/1995**

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

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and limit of application

Signature, typed or printed name of registered agent and limit of application

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**P  
STREET, CHRISS W  
4350 VON KARMAN AVE. #280  
NEWPORT BEACH CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**V  
MILLER, DREW Q  
4350 VON KARMAN AVE. #280  
NEWPORT BEACH CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VS  
RUPPERT, KERRI  
4350 VON KARMAN AVE. #280  
NEWPORT BEACH CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1111 Bayside Drive Suite 100  
CORONA DEL MAR, CA 92625**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1111 Bayside Drive Suite 100  
CORONA DEL MAR, CA 92625**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**1111 Bayside Drive Suite 100  
CORONA DEL MAR, CA 92625**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Kerr Ruppert** K. Ruppert, SUPICAD 06/01/96 (714) 222-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

CR2E034 (12/95)