

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 # J34371
1. Corporation Name

XL CARE AGENCY, INC. OF FLORIDA

Principal Place of Business
4467 N State Rd. 7
Lauderdale Lks, FL
33319

Mailing Address
701 Brickell Ave.
Suite 3000
Miami, FL 33131

100001841291
-05/28/96--01052--006
***200.00

3. Date Incorporated or Qualified 09/22/1986	3a. Date of Last Report 12/04/95
4. FEI Number 59-2741764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 701 Brickell Ave. Suite, Apt. #, etc. 22 Suite 3000 City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 3000 City & State 28 Miami, FL Zip 29 33131
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9. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 Brickell Ave.
Suite 3000
Miami, FL 33131

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	Danler, Kathleen	1.2 NAME	Danler, Kathleen
STREET ADDRESS	4469 N State Rd. 7	1.3 STREET ADDRESS	4469 N State Rd. 7
CITY - ST - ZIP	Lauderdale Lks, FL 33319	1.4 CITY - ST - ZIP	Lauderdale Lks, FL 33319
TITLE	D	2.1 TITLE	D/VP
NAME	Danler, William	2.2 NAME	Danler, William
STREET ADDRESS	4469 N State Rd. 7	2.3 STREET ADDRESS	4469 N State Rd. 7
CITY - ST - ZIP	Lauderdale Lks, FL 33319	2.4 CITY - ST - ZIP	Lauderdale Lks, FL 33319
TITLE		3.1 TITLE	S/T
NAME		3.2 NAME	Lopez, Dennis
STREET ADDRESS		3.3 STREET ADDRESS	2221 Lee Road, Suite 15
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Winter Park, FL 32789
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____