## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name J34371

XL CARE AGENCY INC. OF FLORIDA

(1)

## **FILED** May 20 1998 8:00am Secretary of State



Principal	Place of Busine	ec	Madina	Address	—								
SUITE 3				701 BRICKELL AVE. Suite 3000									
MIAMI FL 33131			MIAMI	MIAMI FL 33131					DO NOT WRITE IN THIS SPACE				
US			US						3. Date Incorporated or Qualified 09/22/1986	Ī			
	pal Place of Bus	iness	2a. Mai	ing Address					4. FEI Number			Applied For	
21				26								Not Applicable	
Suite,	Apt. #, etc		<b>├</b> ─┐	e, Apt. #, etc.					5. Certificate of Status Desired	. 🔲		Additional Required	
City 8	State		27 City	& State					6. Election Campaign Financing			<del></del>	
23	7.00		28						Trust Fund Contribution	П		May Be	
Zip		Country	Zipi		Cou	intry			8. This corporation owes or has	naid the curr			
24		25	29		30				Personal Property Tax due Jui		- '	☐ No	
	9, Name	and Address of Curre	nt Registered	Agent					10. Name and Address of New I	Registered A	gent		
	INTRASTATE	REGISTERED AGENT	CORPORAT	ION		81	Nam	е					
	701 BRICKEL	l ave				82	Stree	et Addre	ss (P.O. Box Number is Not Accept	ahle)		<del></del>	
	SUITE 3000												
	MIAMI FL 331	131				83							
						84	City			FL	85 Zip	o Code	
11. Purs offic	uant to the provi e or registered a	sions of Sections 607.050 gent, or both, in the State	02 and 607.15 of Florida, Sc	08, Florida Statu ich change was	utes, the al	bove d by	e-name the co	d corpo orporatio	ration submits this statement for the in's board of directors. I hereby acc	nurnoco of	changing sintment a	its registered is registered	
		ит, ана ассерг те огла	jations bi, sec	110H 607,0303, F	iona siai	เนเยร	<b>S</b> .						
SIGNATI	JRE Signature type	d or photed name of registered ag	ent and title if applie	rable. (NO	TE: Rog store	d Age	nt signatu	ure required	when reinstating)	DATE			
12.		OFFICERS AN	D DIRLCTOR	S	13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	D/P			DELETE	1.1 1	TLE					Change	Addition	
NAME		r, Kathleen			1.2 N	ME							
STREET ADD	ress <b>4469 N</b>	STATE ROAD 7			1.3 ST	REET	ADDRESS	s ]					
CITY-ST-ZI	LAUDEI	RDALE LAKES FL 333	19		1.4 CI	TY - S	T-ZIP						
TITLE	DMP			DELETE	2.1 TO	TLE					Change	Addition	
NAME		r, William			2.2 N/	AME							
STREET ADD		STATE ROAD 7			2.3 \$1	TREE T	ADDRESS	s					
CITY-ST-ZI		RDALE LAKES FL 333	19		2.4 C	ITY-S	T-ZIP	<u> </u>					
TITLE	S/T	Market and Mark		DELETE	3.1 10	TLF					☐ Change	Addition	
NAME		DENNIS			3 2 N	AME							
STREET ADD		E RD., STE 15			3.3 S1	REET	address	3					
CITY+S1-ZI	WINTER	R PARK FL 32789		05:575			ST - ZIP				<u> </u>		
TITLE	- 1			☐ DELETE	4.1 TF					l	Change	: Addition	
NAME					4. 2 N								
STREET ADD					1		ADDRESS	i					
CITY-ST-ZI	P			DELETE:	4.4 CI		T - ZIP				0.	4.3.314	
TITLE	}			L_J DELETE	5.1 TI					l	☐ Change	Addition	
NAME					5.2 NA								
STREET ADD							ADDRESS	5					
CITY-ST-ZII	·	· · · · · · · · · · · · · · · · · · ·		DE ETE	5.4 CI		T-ZIP				100	1 4420	
TITLE				DELETE	6.1 11					1	Change	Addition	
NAME					6.2 NA								
STREET ADD							ADDRESS	3					
CITY-ST-ZI		in information of males at the	ithathin Alime -	loop pot puelle	6.4 CI			dod :- C	notion 110 03/2V/A Findin Circ	I de cetto e - e	(d. 11 = -	a information	
indic office	ated on this annuated or director of the	ual report or supplementa he corporation or the rec	al tannual repo eiver or trustei	rt is true and ac c empowered to	curate and	d tha	at mv s	ignature	ection 119.07(3)(i), Florida Statutes, shall have the same legal effect as red by Chapter 607, Florida Statutes	if made und	ler oath: tl	hat Iam an	
Bloc	k 12 or <b>Bl</b> ock 13	if changed, or on an ayti	chin ent with a	in address.							•		