FILE NOW: FILING FEE AFTER MAY 1 IS [redacted] 61.25

AMENDED ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J52960

1. Corporation Name
Pro-Care Plus, INC.

Principal Place of Business	Mailing Address
Rt 1 Box 574 10870 NW 198 St Micanopy, FL 32667	P.O. Box 686 Fairfield, FL 32634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-27-87
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Rt 1 Box 574	26 P.O Box 686
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Micanopy FL	28 City & State: Fairfield, FL
24 Zip: 32667 25 Country: MARION	29 Zip: 32634 30 Country: MARION

4. FEI Number: 59-2767249 ☐ 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	10. Name and Address of New Registered Agent
Alfred H. Pendray Rt 2 Box 1950 Williston, FL 32696	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: Alfred H. Pendray
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	11 TITLE	☐ Change ☐ Addition
NAME	Alfred Pendray	12 NAME	
STREET ADDRESS	Rt 2 Box 1950	13 STREET ADDRESS	
CITY ST ZIP	Williston, FL 32696	14 CITY ST ZIP	
TITLE	Director	21 TITLE	☐ Change ☐ Addition
NAME	John C. Pendray	22 NAME	600001464736
STREET ADDRESS	Rt 2 Box 1950	23 STREET ADDRESS	-04/26/95--01019--015
CITY ST ZIP	Williston, FL 32696	24 CITY ST ZIP	*****61.25 *****61.25
TITLE	Director	31 TITLE	☐ Change ☐ Addition
NAME	Edward E. Pendray	32 NAME	
STREET ADDRESS	Route 2 Box 1950	33 STREET ADDRESS	
CITY ST ZIP	Williston, FL 32696	34 CITY ST ZIP	
TITLE	President	41 TITLE	☐ Change ☐ Addition
NAME	Austin C. Cash	42 NAME	
STREET ADDRESS	Rt. 1 Box 574	43 STREET ADDRESS	
CITY ST ZIP	Micanopy, FL 32667	44 CITY ST ZIP	
TITLE	Secretary	51 TITLE	☐ Change ☐ Addition
NAME	Nancy J. Cash	52 NAME	
STREET ADDRESS	Rt 1 Box 574	53 STREET ADDRESS	
CITY ST ZIP	Micanopy, FL 32667	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: Nancy J. Cash — 3-31-95 — 904-591-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/24/95