FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L41442 (9)

1. Corporation Name

LIFECARE ACQUISITION CORP.

Principal Place of Business	Mailing Address
4517 NW 31ST AVE. FT. LAUDERDALE FL 33309	4517 NW 31ST AVE. FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 01/10/1990
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0321433 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 County 25	Zip 29 County 30

9. Name and Address of Current Registered Agent

CHIRAS, DAVID L., P.A.
4517 NW 31ST AVENUE
FT. LAUDERDALE FL 33309

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	WEISSMAN RICHARD S.	12 NAME	
STREET ADDRESS	4517 NW 31ST AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VPT	21 TITLE	☐ Change ☐ Addition
NAME	PRYOR, THAD	22 NAME	
STREET ADDRESS	4517 NW 31ST AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	24 CITY-ST-ZIP	
TITLE		31 TITLE	Chairman of the Board ☐ Change ☒ Addition
NAME		32 NAME	Michael Weissman
STREET ADDRESS		33 STREET ADDRESS	4517 N W 31st Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Fort Laud, FL 33334
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on the 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: Richard S. Weissman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 Date
(305) 730-8464 Daytime Phone #

0219500 CP

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DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **L42592** **(0)**

1. Corporate Name

CASUALTY INSURANCE COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
205 SOUTH HOOVER BLVD SUITE 105 TAMPA FL 33609	205 SOUTH HOOVER BLVD SUITE 105 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/16/1990**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **36-3710316** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
(24) (25) (29) (30)
8. This corporation has legally tax-exempt status under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

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 Section 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: (Typed or printed name of the registered agent and the officer) (If changing registered agent or registered office, or both) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MORTENSON, LEE N.	NAME	
STREET ADDRESS	20 EAST CEDAR #16C	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	REISS, MARK C	NAME	
STREET ADDRESS	3500 W PETERSON AVE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ENGLE, CLYDE W	NAME	
STREET ADDRESS	737 N MICHIGAN AVE #1200	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SISSON, EVERETT M	NAME	
STREET ADDRESS	3500 W. PETERSON AVE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, all of the information required to be supplied with this report is accurately 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 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 1, 9, or 10 with an asterisk or, if not listed, on an attached sheet with an asterisk.

SIGNATURE: *Mark C. Reiss* MARK C. RIESS 4/26/95 (312)539-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0093423 CP