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 FEB -8 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M13185 (7)

1. Corporation Name
COMMCARE HEALTH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
245 PEACHTREE CTR AVE. STE 1100 ATLANTA GA 30303 US	245 PEACHTREE CTR AVE. STE 1100 ATLANTA GA 30303 US

3. Date Incorporated or Qualified: 03/26/1985
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 59-2530636 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	STRICKLAND, EDD	1.2 NAME	J. MICHAEL BARGANIER
STREET ADDRESS	245 PEACHTREE CTR AVE. STE 1100	1.3 STREET ADDRESS	245 Peachtree Center Ave., Ste. 1100
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VD	2.1 TITLE	VP/AS/D ☐ Change ☐ Addition
NAME	CORRIGAN, RICHARD	2.2 NAME	RICHARD CORRIGAN
STREET ADDRESS	245 PEACHTREE CTR. AVE. STE 1100	2.3 STREET ADDRESS	245 Peachtree Cneter Ave., Ste. 1100
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	STD	3.1 TITLE	VP/AS/D ☐ Change ☐ Addition
NAME	SMARTT, ROBERT L.	3.2 NAME	FAYE O. HAACK
STREET ADDRESS	245 PEACHTREE CTR. AVE. STE 1100	3.3 STREET ADDRESS	245 Peachtree Cneter Ave., Ste. 1100
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE		4.1 TITLE	S/T/D ☐ Change ☐ Addition
NAME		4.2 NAME	ROBERT L. SMARTT
STREET ADDRESS		4.3 STREET ADDRESS	245 Peachtree Center Ave., Ste. 1100
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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: J. Michael Barganier President 1-13-95 404/509-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002000 CP