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PROFIT
•CORPORATION
ANNUAL REPORT
1996

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

APPROVED
AND
FILED

96 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M13185** **(7)**

1. Corporation Name

COMMCARE HEALTH, INC.

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: **02/08/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 FDIC-100 Colony Sq. Box 68	26 FDIC- 100 Colony Sq.
Suite, Apt. #, etc. 22 Ste. 2300	Suite, Apt. #, etc. 27 Box 68- Ste. 2300
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30361 / 25 USA	Zip / Country 29 30361 / 30 USA

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/OR DIRECTORS		
TITLE	PD	☒ DELETE	1.1 TITLE	D/P	☒ Change ☒ Addition
NAME	BARGANIER, J. MICHAEL		1.2 NAME	Richard Corrigan	
STREET ADDRESS	245 PEACHTREE CENTER AVE. STE. 1100		1.3 STREET ADDRESS	100 Colony Sq. Box 68, Ste. 2300	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA 30361	
TITLE	VASD	☐ DELETE	2.1 TITLE	D/VP/AS	☒ Change ☒ Addition
NAME	CORRIGAN, RICHARD		2.2 NAME	Patricia J. Ray	
STREET ADDRESS	245 PEACHTREE CTR. AVE. STE 1100		2.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA. 30361	
TITLE	STD	☐ DELETE	3.1 TITLE	VP/AS	☒ Change ☒ Addition
NAME	SMARTT, ROBERT L.		3.2 NAME	Charles P. Farrell, Jr.	
STREET ADDRESS	245 PEACHTREE CTR. AVE. STE 1100		3.3 STREET ADDRESS	100 Colony Sq. Box 68 ste. 2300	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, Ga. 30361	
TITLE	VASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAACK, FAYE O.		4.2 NAME		
STREET ADDRESS	245 PEACHTREE CTR AVE. STE. 1100		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30303		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D/S/T	☒ Change ☒ Addition
NAME			5.2 NAME	John P. Rossetti	
STREET ADDRESS			5.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Atlanta, Ga. 30361	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4/18/96 404-881-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard Corrigan - President