FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
245 PEACHTREE CTR AVE.
STE 1100
ATLANTA GA 30303
US

Mailing Address
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

2. Principal Place of Business
21 FDIC-100 Colony Sq. Box 68
Suite, Apt. #, etc.
22 Ste. 2300
City & State
23 Atlanta, GA
Zip 24 30361
Country 25 USA

2a. Mailing Address
26 FDIC- 100 Colony Sq.
Suite, Apt. #, etc
27 Box 68- Ste. 2300
City & State
28 Atlanta, GA
Zip 29 30361
Country 30 USA

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 name/address changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND 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:

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)(k), 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

CR2E034 (12/95)