

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46592**

(4)

1. Corporation Name

ASSISTCARE, INC.



Principal Place of Business

Mailing Address

C/O BABB, WAYNE
17337 SE INDIAN HILLS DR
TEOLESTA FL 33469
US

C/O BABB, WAYNE
17337 SE INDIAN HILLS DR
TEOLESTA FL 33469
US

c/o Randall Prouty

c/o Randall Prouty

2. Principal Place of Business

2a. Mailing Address

21 *2247 Palm Bch Lakes Blvd.*

26 *2247 Palm Bch Lakes Blvd.*

22 Suite, Apt. #, etc. *Suite # 220*

27 Suite, Apt. #, etc. *Suite # 220*

23 City & State *West Palm Beach, FL*

28 City & State *West Palm Beach, FL*

24 Zip *33409* 25 Country *USA*

29 Zip *33409* 30 Country *USA*

3. Date Incorporated or Qualified
12/24/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0302723

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

BABB, WAYNE
17337 SE INDIAN HILLS DR
STE. 200
TEGLESTA FL 33469

81 Name *Randall Prouty*
82 Street Address (P.O. Box Number is Not Acceptable)
2247 Palm Bch Lakes Blvd, Suite 220
83
84 City *West Palm Beach* FL 85 Zip Code *33409*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Randall H. Prouty, Pres.* *Randall H. Prouty, Pres.* 4/25/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not stated) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D/P**
STREET ADDRESS **STEELE, GEORGE**
CITY-ST-ZIP **210 MIRAMAR WAY**
WEST PALM BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *Director*
1.3 STREET ADDRESS *Steele, George*
1.4 CITY-ST-ZIP *169 Lay Street*
Inglis, FL 34449

TITLE ☐ DELETE
NAME **D/T**
STREET ADDRESS **BABB, WAYNE**
CITY-ST-ZIP **17337 SE INDIAN HILLS DR**
TEOLESTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D/S**
STREET ADDRESS **PROUTY, RANDALL H.**
CITY-ST-ZIP **625 BRACKENWOOD**
PALM BEACH GARDEN FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME *President/Director/Secretary*
3.3 STREET ADDRESS *PROUTY, RANDALL H.*
3.4 CITY-ST-ZIP *2247. PALM BCH LAKES BVD., # 220*
WEST PALM BEACH, FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **600001846956**
6.3 STREET ADDRESS **-06/03/96--01015--024**
6.4 CITY-ST-ZIP *****\$1.50**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randall H. Prouty, Pres./Dir/Sec* 4/25 407-627-0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)