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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N47317** **(5)**

1. Corporation Name
**CARELINK PARTNERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1414 KUHL AVENUE<br>ORLANDO FL 32806 | 1414 KUHL AVENUE<br>ORLANDO FL 32806-2008 |

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1059 Maitland Center Commons
22: Suite, Apt. #, etc.
23: Maitland, FL
24: Zip 32751 25: Country Orange

2a. Mailing Address
26: 1059 Maitland Center Commons
27: Suite, Apt. #, etc.
28: Maitland, FL
29: Zip 32751 30: Country Orange

4. FEI Number: 59-3110868 ☐ 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

MATHER, WILLIAM G.
225 E ROBINSON STREET
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: James B. Bogner
82 Street Address (P.O. Box Number is Not Acceptable): 225 E. Robinson Street
83: Suite 600
84 City: Orlando FL 85 Zip Code: 32801

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: James B. Bogner — James B. Bogner — 5/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARRELL, ROBERT M. | | 1.2 NAME | | |
| STREET ADDRESS | 1414 KUHL AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STRACK, GARY J. | | 2.2 NAME | | |
| STREET ADDRESS | 1414 KUHL AVNEUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HODGES, KARL | | 3.2 NAME | | |
| STREET ADDRESS | 1414 KUHL AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SINGLETON, GARRY J. | | 4.2 NAME | | |
| STREET ADDRESS | 1414 KUHL AVENUE | | 4.3 STREET ADDRESS | 1059 Maitland Center Commons | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | ST | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SINGLETON, GARRY J. | | 5.2 NAME | | |
| STREET ADDRESS | 1414 KUHL AVENUE | | 5.3 STREET ADDRESS | 1059 Maitland Center Commons | |
| CITY-ST-ZIP | ORLANDO FL | | 5.4 CITY-ST-ZIP | Maitland, FL 32751 | |
| 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 | | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Garry J. Singleton TITLE: Garry J. Singleton 4/17/97 Date 407-660-9399 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0016701