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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47317**

1. Corporation Name

CARELINK PARTNERS, INC.

Principal Place of Business	Mailing Address
1059 MAITLAND CENTER COMMONS MAITLAND FL 32751 US	1059 MAITLAND CENTER COMMONS MAITLAND FL 32751 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 600 Courtland St. Suite 100	Suite, Apt. #, etc. 27 600 Courtland St. Suite 100
City & State 23 Orlando FL	City & State 28 Orlando, FL
Zip / Country 24 32804 25	Zip / Country 29 32804 30

3. Date Incorporated or Qualifed: 02/13/1992

4. FEI Number: 59-3110868 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Elector Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOGNER, JAMES B
225 E. ROBINSON ST
STE. 600
ORLANDO FL 32801

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 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 _____ 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	V	☐ DELETE	1.1 TITLE	V/S	☒ Change ☐ Addition
NAME	ROWLAND, ROBERT		1.2 NAME		
STREET ADDRESS	1059 MAITLAND CTR COMMONS		1.3 STREET ADDRESS	600 Courtland St. #100	
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COWLEY, EDWARD W		2.2 NAME		
STREET ADDRESS	1414 KUHL AVE		2.3 STREET ADDRESS	600 Courtland St. #100	
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	☐ DELETE	3.1 TITLE	C/D	☒ Change ☐ Addition
NAME	HILLENMEYER, JOHN		3.2 NAME		
STREET ADDRESS	1414 KUHL AVE		3.3 STREET ADDRESS	600 Courtland St. #100	
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE	DP	☒ DELETE	4.1 TITLE	D/P	☐ Change ☒ Addition
NAME	BOZARD, JOHN W		4.2 NAME	Shannon Elswick	
STREET ADDRESS	1414 KUHL AVE		4.3 STREET ADDRESS	600 Courtland St. #100	
CITY-ST-ZIP	ORLANDO FL 32806		4.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE	V	☐ DELETE	5.1 TITLE	V/T	☒ Change ☐ Addition
NAME	KASSAB, JOHN G		5.2 NAME		
STREET ADDRESS	1059 MAITLAND CTR COMMONS		5.3 STREET ADDRESS	600 Courtland St. #100	
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	FULBRIGHT, JOAN		6.2 NAME		
STREET ADDRESS	1059 MAITLAND CTR COMMONS		6.3 STREET ADDRESS	600 Courtland St. #100	
CITY-ST-ZIP	MAITLAND FL 32751		6.4 CITY-ST-ZIP	Orlando, FL 32804	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: John G Kassab REQUIRED John G Kassab 4-20-99 407-975-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #