FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50320 (3)

1. Corporation Name
CYSTIC FIBROSIS CARE GROUP, INC.

Principal Place of Business	Mailing Address
9711 NEARWATER PLACE WINDERMERE FL 34786	9711 NEARWATER PLACE WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3167411 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZETTERLUND, WILLIAM E.
9711 NEARWATER PLACE
WINDERMERE FL 34786

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 DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ZETTERLUND, WILLIAM E.	1.2 NAME	
STREET ADDRESS	9711 NEARWATER PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOUSEMAN, MARK	2.2 NAME	
STREET ADDRESS	5594 PALM LAKE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMUELS, MARY	3.2 NAME	
STREET ADDRESS	489 PINE HILL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WHALEN, SUZANNE	4.2 NAME	
STREET ADDRESS	1334 NORTH MARCY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FELLOWS, KELLY	5.2 NAME	
STREET ADDRESS	7637 TIMBER RIVER	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, MARILYN	6.2 NAME	
STREET ADDRESS	308 MCJORDAN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Zetterlund Director 4-25-95 407-299-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM E. ZETTERLUND

600A31