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 # **N93000004939 (5)**

1. Corporation Name

INTECARE, INC.

Principal Place of Business	Mailing Address
3627 UNIVERSITY BLVD. SOUTH STE. 810 JACKSONVILLE FL 32216	3627 UNIVERSITY BLVD. SOUTH STE. 810 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **11/02/1993**

3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3217514** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KERR, JOSEPH		1.2 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP		
TITLE	ACD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BORK, DUANE L,		2.2 NAME		
STREET ADDRESS	2732 TROLLIE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, CHARLES R		3.2 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. S. STE. 810		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	President	☐ Change ☒ Addition
NAME	J. BROOKS BROWN,		4.2 NAME	Michael A. Reedy	
STREET ADDRESS	6998 SAN FERNANDO PLACE		4.3 STREET ADDRESS	3627 University Blvd S. Suite 810	
CITY-ST-ZIP	JACKSONVILLE FL 32217		4.4 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUSHING, WINSTON		5.2 NAME		
STREET ADDRESS	3625 UNIVERSITY BLVD. SOUTH STE. 810		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KARSNER, GARRY,		6.2 NAME		
STREET ADDRESS	3625 UNIVERSITY BLVD. S.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		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: Michael Reedy 1/30/96 904 391-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

1996 InteCare Board Members

- Thomas Marsland, MD
  272-3139
  FAX: 272-6521

- Robert Krieger
  276-8769 (Brenda)
  FAX: 276-8160

- Charles Evans
  399-6669 (Kathleen)
  FAX: 391-1580

- Garry Karsner
  399-6572 (Cathy)
  FAX: 391-1580

- Joseph Kerr
  399-6573 (Linda)
  FAX: 399-6849

- Hinson Stephens, MD
  264-9293
  FAX: 264-7399

- Duane Bork, MD
  744-5711 (Kathy)
  FAX: 745-9209

- Gary Decker, MD
  398-5123
  FAX: 399-1962

- Wendell Williams, MD
  725-6300 (Sharon)
  FAX: 725-5447

- Alan Behr
  276-8576 (Kelly)
  FAX: 276-8610

- Mark Spatola, MD
  296-2522 (Debbie)
  FAX: 296-8173

- Winston Rushing
  391-1172 (Susan)
  FAX: 399-6849

EX-OFFICIO:

- Stephen Clark, MD
  739-1140 (X 10) (Lisa)
  FAX: 737-7353

- Howard Green, MD
  725-0200 (Isabell)
  FAX: 721-5711

- Michael Reedy
  391-1564 (Cathy)
  FAX: 391-1580

- Ernie Ford
  730-5754 (Andy)
  FAX: 730-5991

- Freeman Irby, MD
  396-3627 (Michelle)
  FAX: 396-5148

- J. Brooks Brown, MD
  391-1202 (Orpha)
  FAX: 391-1199