

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 12 1996 8:00 am  
Secretary of State

DOCUMENT # N94000004697  
1. Corporation Name

Proxy Care Management, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business  
21 7444 Texas Trail  
Suite Apt #, etc  
22 City & State  
23 Boca Raton, FL  
Zip Country  
24 33487 25 USA  
26 Suite Apt #, etc  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified 9/22/94  
3a. Date of Last Report 8/23/95  
4. FEI Number (X12069) EIN-65-0666561  
X 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 X Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Robin J. King, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) Tripp, Scott, Conklin & Smith  
83 110 Southeast Sixth Street, 28th Floor  
84 City Fort Lauderdale FL 85 Zip Code 33301

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 Robin J. King  
Signature of officer or director of corporation and the registered agent

Robin J. King

4/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D  
NAME Sandra J. Harrison  
STREET ADDRESS 7444 Texas Trail  
CITY-ST-ZIP Boca Raton, FL 33487  
2. TITLE D  
NAME Bernard R. McLaughlin  
STREET ADDRESS 7444 Texas Trail  
CITY-ST-ZIP Boca Raton, FL 33487  
3. TITLE D  
NAME Thomas A. Brown  
STREET ADDRESS 1330 Northwest 13th St., #17  
CITY-ST-ZIP Boca Raton, FL 33486  
4. TITLE D  
NAME Beth Goldstein  
STREET ADDRESS 5499 North Federal Highway  
CITY-ST-ZIP Boca Raton, FL  
5. TITLE D  
NAME Mapy Brown  
STREET ADDRESS 1330 Northwest 13th St., #17  
CITY-ST-ZIP Boca Raton, FL 33486  
6. TITLE  
NAME  
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97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra J. Harrison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SANDRA J. HARRISON

4-25-96

407-998-307

CR2E034 (12/95)