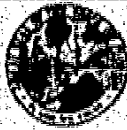


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/94: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P00831 (8)

1. Corporation Name

AMERICAN SELF CARE CORPORATION

Principal Place of Business

230 12TH STREET
CORPORATE CENTER
COLUMBUS GA 31901

Mailing Address

230 12TH STREET
CORPORATE CENTER
COLUMBUS GA 31901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/06/1984

3a. Date of Last Report

04/11/1994

4. FEI Number

58-1424916

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reappointing)

[Signature]
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	HOLLADAY, JOHN ALLEN
STREET ADDRESS	415 THIRD AVE
CITY - ST - ZIP	OPELKA AL
TITLE	VPC
NAME	WARNER, KATHY C
STREET ADDRESS	1108 LAURELWOOD RD
CITY - ST - ZIP	COLUMBUS GA
TITLE	POC
NAME	JAGODA, LEONARD J.
STREET ADDRESS	604 TWIN LAKE RD
CITY - ST - ZIP	WAVERLY HALL GA
TITLE	V
NAME	SAFFORD, NICOLA ANN
STREET ADDRESS	315 WEST FOREST
CITY - ST - ZIP	WHEATON IL
TITLE	D
NAME	DIAZ-VERSON, SALVADOR
STREET ADDRESS	6433 WARM SPRINGS RD
CITY - ST - ZIP	COLUMBUS GA
TITLE	D
NAME	BAKER, CHAM L, JR.
STREET ADDRESS	5 MOUNTAINBROOK CT
CITY - ST - ZIP	COLUMBUS GA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Treasurer

Date

706-324-1170

(Typed Name)