SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00831** **(8)**

1. Corporation Name
AMERICAN SELFCARE CORPORATION

Principal Place of Business	Mailing Address
233 12TH STREET CORPORATE CENTER COLUMBUS GA 31901	233 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**

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: **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

9. Name and Address of Current Registered Agent

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

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: [illegible] Treasurer 7/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	☐ Change	☐ Addition
NAME	HOLLADAY, JOHN ALLEN	1.2 NAME		
STREET ADDRESS	415 THIRD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	OPELIKA AL	1.4 CITY-ST-ZIP		
TITLE	VPC	2.1 TITLE	☐ Change	☐ Addition
NAME	WARNER, KATHY C	2.2 NAME		
STREET ADDRESS	1106 LAURELWOOD RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	2.4 CITY-ST-ZIP		
TITLE	PDC	3.1 TITLE	☐ Change	☐ Addition
NAME	JAGODA, LEONARD J.	3.2 NAME		
STREET ADDRESS	604 TWIN LAKE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAVERLY HALL GA	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	☒ Change	☐ Addition
NAME	SAFFORD, NICOLA ANN	4.2 NAME	DELETE	
STREET ADDRESS	315 WEST FOREST	4.3 STREET ADDRESS		
CITY-ST-ZIP	WHEATON IL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☐ Change	☐ Addition
NAME	DIAZ-VERSON, SALVADOR	5.2 NAME		
STREET ADDRESS	6433 WARM SPRINGS RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	☐ Change	☐ Addition
NAME	BAKER, CHAM L, JR.	6.2 NAME		
STREET ADDRESS	5 MOUNTAINBROOK CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	6.4 CITY-ST-ZIP		

CR2E094 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy C. Warner Treasurer 706-324-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0180484 FN