FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001493702
-05/18/95--01090--020
******8.75 ******8.75

DOCUMENT # **P02924** **(9)**

1. Corporation Name
CURACARE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1400 LONE PALM AVE. P O BOX 92 MODESTO CA 95353	1400 LONE PALM AVE. P O BOX 92 MODESTO CA 95353

3. Date Incorporated or Qualified: **08/03/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **77-0048349** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
200001493702
63 -05/18/95--01030--021
64 City ****225.00 ****225.00 65 Zip Code
FL

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	CD	11 TITLE	☒ Change ☐ Addition	
NAME	BATES, ERNEST A.	12 NAME		
STREET ADDRESS	444 MARKET ST.	13 STREET ADDRESS	Four Embarcadero Ctr Ste#3620	
CITY ST ZIP	SAN FRANCISCO CA	14 CITY ST ZIP	San Francisco, CA 94111-4155	
TITLE	TD	21 TITLE	☒ Change ☐ Addition	
NAME	TAGAWA, CRAIG	22 NAME		
STREET ADDRESS	444 MARKET ST	23 STREET ADDRESS	Four Embarcadero Ctr Ste#3620	
CITY ST ZIP	SAN FRANCISCO CA	24 CITY ST ZIP	San Francisco, CA 94111-4155	
TITLE	V	31 TITLE	☐ Change ☐ Addition	
NAME	GORDIN, JIM	32 NAME		
STREET ADDRESS	1400 LONE PALM	33 STREET ADDRESS		
CITY ST ZIP	MODESTO CA	34 CITY ST ZIP		
TITLE	S	41 TITLE	☒ Change ☐ Addition	
NAME	MAGARY, RICHARD	42 NAME		
STREET ADDRESS	444 MARKET ST.	43 STREET ADDRESS	Four Embarcadero Ctr Ste#3620	
CITY ST ZIP	SAN FRANCISCO CA	44 CITY ST ZIP	San Francisco, CA 94111-4155	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	C.H.	

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: _____ 5/15/95 (207) 521-1330 X723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401001 FN