

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90107 001 ***300.00

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1. Entity Name
SELECTCARE OF FLORIDA, INC.



Principal Place of Business
**1001 HEATHROW PARK LN
STE 5001
LAKE MARY, FL 32746**

Mailing Address
**1001 HEATHROW PARK LN
STE 5001
LAKE MARY, FL 32746**

00001123



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-1650638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLLIFLOWER, MICHAEL A
1001 HEATHROW PARK LN
STE 5001
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BARASCH, RICHARD A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, THEODORE JR 5141 VIRGINIA WAY - STE 260 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS JACOBS, GARY M 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, GARY M 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAEGELEIN, ROBERT A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAND, GARY W 1001 HEATHROW PARK LN - STE 5001 LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Bel, Janice Baker, Asst. Secretary 1/27/05 407-628-1776 8084