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 -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06416** **(2)**

1. Corporation Name

CARETEAM MANAGEMENT SERVICES, INC.

400001484844
-05/12/95--01004--001
***6200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~4245 KEMP BLVD #620~~
~~WICHITA FALLS TX 76308~~
~~US~~

Mailing Address
~~4245 KEMP BLVD #620~~
~~WICHITA FALLS TX 76308~~
~~US~~

3. Date Incorporated or Qualified: 06/12/1985
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21 10065 Red Run Blvd
Suite, Apt #, etc
22
City & State
23 Owings Mills, MD
Zip 24 21117
Country 25 USA

2a. Mailing Address
26 10065 Red Run Blvd.
Suite, Apt #, etc
27
City & State
28 Owings Mills, MD
Zip 29 21117
Country 30 USA

4. FEI Number: 75-2037404 — 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 _____ (NOTE: Registered Agent signature required when name/address) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~CD~~	1.1 TITLE	President (P) ☒ Change ☐ Addition
NAME	~~POPEJOY, ANN~~	1.2 NAME	Bishop, Judith
STREET ADDRESS	~~4245 KEMP BLVD #620~~	1.3 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~WICHITA FALLS TX~~	1.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~VS~~	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~HOGAN, ARLENE~~	2.2 NAME	Elkins, Marshall A
STREET ADDRESS	~~4245 KEMP BLVD #620~~	2.3 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~WICHITA FALLS TX~~	2.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~VTD~~	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~JEROME, EDWARD W.~~	3.2 NAME	Levin, Marc B
STREET ADDRESS	~~3030 LBJ FRWY #1600~~	3.3 STREET ADDRESS	10065 Red Run Blvd
CITY ST ZIP	~~DALLAS TX~~	3.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Cahill, Dennis A
STREET ADDRESS		4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP		4.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Pickett, Taylor
STREET ADDRESS		5.3 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP		5.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

6/1/95

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)(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 above/below, or on an attachment with an address.

SIGNATURE: _____ 4/4/95 — 410-785-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490742 FN