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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:04

DOCUMENT # P25868 (1)

1. Corporation Name
CAPP CARE, INC.

Principal Place of Business	Mailing Address
4000 MACARTHUR BLVD SUITE 10000 WEST TOWER NEWPORT BEACH CA 92660-2526	4000 MACARTHUR BLVD SUITE 10000 WEST TOWER NEWPORT BEACH CA 92660-2526

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1989
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 95-3778850 ☐ 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: _____ DATE
(Signature must be same as typed name of registered agent and the date. 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	ZALTA, EDWARD	12 NAME	
STREET ADDRESS	WEST TOWE 4000 MACARTHUR BLVD.	13 STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000
CITY-ST-ZIP	NEWPORT BEACH CA	14 CITY-ST-ZIP	NEWPORT BEACH, CA 92660-2526
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	HENRY, MICHAEL E.	22 NAME	
STREET ADDRESS	WEST TOWER 4000 MACARTHUR BLVD.	23 STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000
CITY-ST-ZIP	NEWPORT RICHEY CA	24 CITY-ST-ZIP	NEWPORT BEACH, CA 92660-2526
TITLE	CFO	31 TITLE	☒ Change ☐ Addition
NAME	HAMBLIN, GREG	32 NAME	
STREET ADDRESS	WEST TOWER 40 MACARTHUR BLVD	33 STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000
CITY-ST-ZIP	NEWPORT BEACH FL	34 CITY-ST-ZIP	NEWPORT BEACH, CA 92660-2526
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	HOLTZMAN, ROBERTA S.	42 NAME	
STREET ADDRESS	17390 BROOKHURST ST #280	43 STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD., #10000
CITY-ST-ZIP	FOUNTAIN VALLEY CA	44 CITY-ST-ZIP	NEWPORT BEACH, CA 92660-2526
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	ROSS, WILLIAM T.	52 NAME	
STREET ADDRESS	WEST TOWER 4000 MACARTHUR BLVD.	53 STREET ADDRESS	WEST TOWER, 4000 MACARTHUR BLVD. #10000
CITY-ST-ZIP	NEWPORT BEACH CA	54 CITY-ST-ZIP	NEWPORT BEACH, CA 92660-2526
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	FIEDLER, CHARLES S.	62 NAME	
STREET ADDRESS	3625 DEL AMO BLVD., #360	63 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	64 CITY-ST-ZIP	

14. I (We) hereby certify that the information indicated on this 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 13 above, if changed, or added, or on an attachment with an address.

SIGNATURE: GREGORY L. HAMBLIN (714) 251-2200
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Daytime Phone #

0482294 FP