FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # P29542 (8) 100094

1. Corporation Name

AMERICARE HEALTH SERVICES CORP.

Principal Place of Business	Mailing Address
4911-C CREEKSIDE DR CLEARWATER FL 34620	4911-C CREEKSIDE DR CLEARWATER FL 34620

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 02/20/1995
4. FEI Number: 22-3046557 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3320 SCHERER DR	26 PO BOX 510
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST PETERSBURG FL	City & State 28 GROVETOWN GA
Zip 24 FL 33716 — Country 25 Pinellas	Zip 29 30813 — Country 30 Columbia

9. Name and Address of Current Registered Agent

PENCE, CHRISTOPHER, L
4911 C CREEKSIDE DR
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3320 Scherer DR
83
84 City St Petersburg FL 85 Zip Code 33716

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 ______ 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERKINS, FREDERICK G,III		1.2 NAME	
STREET ADDRESS	485 W MATHESON DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	PENCE, CHRISTOPHER		2.2 NAME	
STREET ADDRESS	2908 LONGBROOKE		2.3 STREET ADDRESS	3320 Scherer Dr
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	St Pete FL 33716
TITLE	P	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	RANDOLPH, TERRY		3.2 NAME	
STREET ADDRESS	4911-C CREEKSIDE DRIVE		3.3 STREET ADDRESS	3320 Scherer Dr
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	St Pete FL 33716
TITLE	S	☑ DELETE	4.1 TITLE	Sec ☐ Change ☑ Addition
NAME	RANDOLPH, CAROL		4.2 NAME	Aubrey Rhodes
STREET ADDRESS	4911-C CREEKSIDE DRIVE		4.3 STREET ADDRESS	3320 Scherer DR
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	St Pete FL 33716
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH, J. M		5.2 NAME	
STREET ADDRESS	4911-C CREEKSIDE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Christopher L Pence — 2/29/96 — 1-800 226-2671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christopher L Pence