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
4911-C CREEKSIDE DR
CLEARWATER FL 34620

Mailing Address
4911-C CREEKSIDE DR
CLEARWATER FL 34620

3. Date Incorporated or Qualified: **05/29/1990**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21 3320 SCHERER DR
22 Suite, Apt. #, etc.
23 City & State: ST PETERSBURG FL
24 Zip: 33716 25 Country: PINELLAS

2a. Mailing Address
26 PO BOX 510
27 Suite, Apt. #, etc.
28 City & State: GROVETOWN GA
29 Zip: 30813 30 Country: COLUMBIA

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

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 (type or print name of registered agent) (NOTE: Registered Agent signature is required for this filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PERKINS, FREDERICK G,III	
STREET ADDRESS	485 W MATHESON DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	V	☐ DELETE
NAME	PENCE, CHRISTOPHER	
STREET ADDRESS	2908 LONGBROOKE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	☐ DELETE
NAME	RANDOLPH, TERRY	
STREET ADDRESS	4911-C CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	☑ DELETE
NAME	RANDOLPH, CAROL	
STREET ADDRESS	4911-C CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☑ DELETE
NAME	RANDOLPH, J. M	
STREET ADDRESS	4911-C CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3320 SCHERER DR	
2.4 CITY-ST-ZIP	ST PETE FL 33716	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3320 SCHERER DR	
3.4 CITY-ST-ZIP	ST PETE FL 33716	
4.1 TITLE	SEC	☑ Change ☑ Addition
4.2 NAME	AUBREY RHODES	
4.3 STREET ADDRESS	3320 SCHERER DR	
4.4 CITY-ST-ZIP	ST PETE FL 33716	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (12/95)