FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 -8 PM 3:18

DOCUMENT # P32224 (8)

1. Corporation Name

CAREINSTITUTE, INC.

Principal Place of Business	Mailing Address
SUITE 100 16305 SWINGLEY RIDGE DRIVE CHESTERFIELD MO 63017	SUITE 100 16305 SWINGLEY RIDGE DRIVE CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3806570 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4350 Von Karman	26 4350 Von Karman
Suite, Apt. #, etc. 22 280	Suite, Apt. #, etc. 27 280
City & State 23 Newport Beach, CA	City & State 28 Newport Beach, CA
Zip / Country 24 92660 / 25 USA	Zip / Country 29 92660 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental *Fee Not Required*
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PETERS, RICHARD C	1.2 NAME	Richard Vincent	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	1.3 STREET ADDRESS	4350 Von Karman, #280	
CITY-ST-ZIP	CHESTERFIELD MO 63017	1.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	VT	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	FOLLMER, FRED C	2.2 NAME	Drew Miller	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	2.3 STREET ADDRESS	4350 Von Karman, #280	
CITY-ST-ZIP	CHESTERFIELD MO 63017	2.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	VS	3.1 TITLE	V/S/T/D	☒ Change ☐ Addition
NAME	RUPPERT, KERRI	3.2 NAME	Kerri Ruppert	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	3.3 STREET ADDRESS	4350 Von Karman, #280	
CITY-ST-ZIP	CHESTERFIELD MO 63017	3.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Chriss W. Street	
STREET ADDRESS		4.3 STREET ADDRESS	4350 Von Karman, #280	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kerri Ruppert Kerri Ruppert, VP/Sec/Treas 2/7/95 (714)798-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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