

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P32224**

(8)

1. Corporation Name

CAREINSTITUTE, INC.

Principal Place of Business

**4350 VON KARMAN
#280
NEWPORT BEACH CA 92660
US**

Mailing Address

**4350 VON KARMAN
#280
NEWPORT BEACH CA 92660
US**



3. Date Incorporated or Qualified
12/20/1990

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 1111 Bayside Drive

2a. Mailing Address

26 1111 Bayside Drive

4. FEI Number
95-3806570

Applied For
Not Applicable

22 Suite 100

27 Suite 100

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 CORONA DEL MAR, CA

28 CORONA DEL MAR, CA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 92625 **25 USA**

29 92625 **30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and the state's name

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME VINCENT, RICHARD
STREET ADDRESS 4350 VON KARMAN #280
CITY- ST- ZIP NEWPORT BEACH CA

TITLE VD
NAME MILLER, DREW
STREET ADDRESS 4350 VON KARMAN #280
CITY- ST- ZIP NEWPORT BEACH CA

TITLE VSTD
NAME RUPPERT, KERRI
STREET ADDRESS 4350 VON KARMAN #280
CITY- ST- ZIP NEWPORT BEACH FL

TITLE D
NAME STREET, CHRISS W.
STREET ADDRESS 4350 VON KARMAN #280
CITY- ST- ZIP NEWPORT BEACH CA

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

1111 Bayside Drive Suite 100
CORONA DEL MAR, CA 92625
PRESIDENT / SECRETARY / TREAS / DIRECTOR

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

1111 Bayside Drive Suite 100
CORONA DEL MAR, CA 92625

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

1111 Bayside Drive Suite 100
CORONA DEL MAR, CA 92625

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

1111 Bayside Drive Suite 100
CORONA DEL MAR, CA 92625

6.1 TITLE

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 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 SUPICAD

2/29/96 (714) 222-2273

Date

Daytime Phone

CR2E037 (12/95)