

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32224** (8)

1. Corporation Name

**CAREINSTITUTE, INC.**



Principal Place of Business <b>1111 BAYSIDE DRIVE SUITE 100 CORONA DEL MAR GA 92625 US</b>	Mailing Address <b>1111 BAYSIDE DRIVE SUITE 100 CORONA DEL MAR CA 92625 US</b>
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3. Date Incorporated or Qualified

**12/20/1990**

4. FEI Number

**95-3806570**

Applied For

Not Applicable

2. Principal Place of Business <b>21 1111 Bayside Drive</b> Suite, Apt. #, etc. <b>22 Suite 100</b> City & State <b>23 Corona del Mar, CA</b> Zip <b>24 92625</b>	2a. Mailing Address <b>25 1111 Bayside Drive</b> Suite, Apt. #, etc. <b>26 Suite 100</b> City & State <b>27 Corona del Mar, CA</b> Zip <b>28 92625</b>
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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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 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	<b>PSTD</b>	1.1 TITLE	<b>Secretary, Director</b>
NAME	<b>RUPPERT, KERRI</b>	1.2 NAME	<b>Courtney Watson</b>
STREET ADDRESS	<b>1111 BAYSIDE DRIVE SUITE 100</b>	1.3 STREET ADDRESS	<b>1111 Bayside Drive, Suite 100</b>
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	1.4 CITY-ST-ZIP	<b>Corona del Mar, CA. 92625</b>
TITLE	<b>D</b>	2.1 TITLE	<b>President, Director</b>
NAME	<b>STREET, CHRISS W.</b>	2.2 NAME	
STREET ADDRESS	<b>1111 BAYSIDE DRIVE SUITE 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DCOO</b>	3.1 TITLE	<b>Chief Operating Officer, Director</b>
NAME	<b>GHERTNER, STUART J</b>	3.2 NAME	<b>Mary Jane Johnson</b>
STREET ADDRESS	<b>1111 BAYSIDE DR STE 100</b>	3.3 STREET ADDRESS	<b>1111 Bayside Drive, Suite 100</b>
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	3.4 CITY-ST-ZIP	<b>Corona del Mar, CA. 92625</b>
TITLE		4.1 TITLE	<b>Treasurer</b>
NAME		4.2 NAME	<b>Carol R. Pollack</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1111 Bayside Drive, Suite 100</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Corona del Mar, CA. 92625</b>
TITLE		5.1 TITLE	<b>Director</b>
NAME		5.2 NAME	<b>Kevin Carvahall</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4200 W. Cypress, Suite 300</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE		6.1 TITLE	<b>Asst Secretary</b>
NAME		6.2 NAME	<b>Tasha Dolan</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4200 W. Cypress, Suite 300</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Tampa, Florida 33607</b>

14. I hereby certify that the information supplied with this filing 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:

**Tasha Dolan, Director of Tax**

**5/1/98**

**(714) 222-2273**

CR2E037 (10/97)