FILE NOW: FILING FEE IS \$61.25

Mailing Address

1411 BAYSIDE DRIVE SUITE 100

CORONA DEL MAR CA 92625

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P32224

1. Corporation Name

Principal Place of Business

1111 BAYSIDE DRIVE

SHITE 100

CORONA DEL

CAREINSTITUTE, INC.

MAR GA 92625

		T						2. Date Incomprehed a	Ounliford					
2. Principal Place of Business			2a. Mailing Address					3. Date Incorporated of 12/20/1990	Quanteu				1	
1 4200		26	4200 W.	Cype	<u>e65</u>						 ⊤	т		
Suite, Apt.		<u> </u>	Suite, Apt. #, etc		-			4. FEI Number			-		lied For	
2 5W	te 300	27	Suite	<u> 300</u>				95-3806570				'	Applicable	
City & State			City & State				-	5. Certifcate of Status	Desired				ditional	
3 TAN	rpa, Florida	28	Tampa		<u>10</u>	RIDA					Fe	e Req	uired	
Zip	Country		Zip	c	untry		1	6. Election Campaign i	Financing	П		.00 n		
3360	07 25 USA-	29	33607	30	u	SA-		Trust Fund Contribu	tion	<u> </u>	Ac	ded to	Fees	
	9. Name and Address of Current I			10. Name and Address of New Registered Agent										
							Name							
C T CORPORATION SYSTEM						82 Street Address (P.O. Box Number is Not Acceptable)								
1200 S. PINE-ISLAND ROAD: 2014 Con						82 Street Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324														
PLANIAII	UN.FL 33324								·					
	The state of the state of				84	City				FL	85	Zip Co	ode	
	1448) (1.450°							Alan a handa dhia atata	ant far tha		changi	og ite r	acietored	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617 Florida	7.1508, Flonda Statt L Such change was	ites, tne authorizi	above ad by	the corpo	corpora oration	s board of directors. I he	reby accep	t the appoi	ntment	as regi	stered	
agent. I a	m familiar with, and accept the obligation	ons of, S	Section 617,0503, FI	orida Sta	tutes					• •		_]	
SIGNATURE				•				_					\	
	Signature, typed or printed name of registered agent a	and title if s	applicable. (NOT			t signature re	w beniupe	hen reinstating)		DATE				
12.	OFFICERS AND	DIREC		13	·		- <u>-</u>	ADDITIONS/CHANG	ES TO OFF	ICERS AN				
TITLE	•		1.1	1.1 πLE 5.		3.1) ~ ulden	1 '		Ch	ange	☐ Addition		
NAME	WATSON, COURTNEY			1.2	NAME	ļ	Cow	Rtney E. Watso	N 6	14 70n			}	
STREET ADDRESS	1111 BAYSIDE DR, #100		1.3 5		STREET	ADDRESS	420		7 July	E 300				
CITY-ST-ZIP	CORONA DEL MAR CA 92625		1.40		CITY-ST	T-ZIP	10	mpo Florid	a 3	3607				
TITLE	D DELETE					P				M Ch	ange	Addition		
NAME	STREET, CHRISS W.		22	22 NAME		100	miss w. Stree	† .		•		[
	1111 BAYSIDE DRIVE SUITE 100		I		2.3 STREET ADDRESS (4.)		11.3	o w. Olpress	Swit	300			ļ	
STREET ADDRESS	CORONA DEL MARICA	·	,			~~				33667				
CITY+\$T-ZIP								mps, Floris	<u> </u>	3 300 (K) Ch	ange	Addition	
TITLE	COOD		C Derrie	- 1		j		o, 'D'	. 1		J.3.			
NAME	JOHNSON, MARY JANE				NAME	1	$ \omega $	lary Jane Joh	1050N		ත්		1	
STREET ADDRESS	1111 BAYSIDE DR STE 100			3,3	STREET	TADDRESS	17.	too m. orbu	الرجوان				1	
CITY-ST-ZIP	CORONA DEL MAR CA				CITY-S	T-ZIP	1	ampe, Flori	da ·	<u>3360</u>			- A 4-0M	
TITLE	Τ		DELETE	4.1	TITLE		T				[] Ch	ange	☐ Addition	
NAME	POLLACK, CAROL R		4.2	4.2 NAME R		Rol	bent J. Landis	_				}		
STREET ADDRESS				4.3 STR		TADDRESS	42	ov w. Cypre	65, Su	nte 30i	8			
CITY-ST-ZIP	CORONA DEL MAR CA			4.4	CITY-S	T-ZIP	Ta	ONDA FLORI	OB	33407			}	
TITLE	D		DELETE	5.1	TITLE			1-1-			Ch	ange	Addition	
NAME	CARNAHAN, KEVIN		7	5.2	NAME	Í	1						-	
STREET ADDRESS	AAAA III AYADDOO ALIITE AAA			5.3	STREET	TADORESS	ļ						ļ	
	TAMPA FL 33607			54	CITY-S	T-ZîP							1	
CITY-ST-ZIP	S		DELETE		πιέ	-					Ch	ange	Addition	
			T	I -	NAME						_	-	_	
NAME (1967)	DOLAN, TASHA			- 1		ADDRESS	[ĺ,	
CTDEET ADDDCCC	PASHI W CYPRESS SHIFE AM			■ 6.3	3 INLE	MUKESSI	ı						- 1	

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TAMPA FL 33607

IRE REQUIRED

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, with all other like empowered.

813-876-50% x2481

FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 011 ****61.25

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