

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90007 047 \*\*\*\*61.25

**DOCUMENT # P32224**

1. Entity Name  
CAREINSTITUTE, INC.



Principal Place of Business

200 S. HOOVER BLVD  
STE 200  
TAMPA, FL 33609 US

Mailing Address

200 S. HOOVER BLVD  
STE 200  
TAMPA, FL 33609 US

34008004



01152004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-3806570

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25,  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, MARY JANE  
STREET ADDRESS 200 S. HOOVER BLVD STE 200  
CITY-ST-ZIP TAMPA, FL 33609

TITLE CT  
NAME LANDIS, ROBERT J  
STREET ADDRESS 200 S HOOVE BLVD STE 200  
CITY-ST-ZIP TAMPA, FL 33609

TITLE VS  
NAME WELCH, CATHY J  
STREET ADDRESS 200 S. HOOVER BLD STE 200  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cathy J. Welch 2/10/04 8132884808