

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

53 MAY -1 11 5:00

DOCUMENT # **P92000004627 (5)**

1. Corporation Name
CARING HEALTH SUPPORT PROFESSIONALS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**8380 RIVERWALK PK BLVD
SUITE #310
FT MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/16/1992	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0370877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite Apt # etc 22. City & State 23. Zip 24. County	25. County	26. Mailing Address 27. Suite Apt # etc 28. City & State 29. Zip 30. County
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9. Name and Address of Current Registered Agent STEPHENS, OWEN L 18371 CREEK DR FT MYERS FL 33908	10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City B5. Zip Code FL
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11. Pursuant to the provisions of sections 607.14(2) and 607.1404, Florida Statutes, the above named corporation submits the 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 Sections 607.14(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME D STEPHENS, OWEN L 18371 CREEK DR FT MYERS FL 33908		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 133.02(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and correct 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 and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 7 of Block 1 of changed or new appointment with an address.

SIGNATURE: **Owen L Stephens** 4/29/95 433-2825