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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

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DOCUN 1. Corporation	MENT # P920	00007282	(6)						
	E CARE NETWORK, INC.								
Pancipal Place	of Business	Mailing Address				4 1881/1401 OTA ODISA (1011 BB(1) 1	ON FOR OU	(30 3	8 14881 1811E 1181 188 1
1	S HILL CIRCLE SEE FL 32312	6289 HINES HIL TALLAHASSEE I							
US		US			-	3. Date Incorporated or Qualified	3a. Da	te of Last	Report
						11/24/1992		02/14/	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 59-3154679			Applied For
21 Suite, Apt. #	, etc.	[26] Suite, Apt. #, etc						\$8.7	Not Applicable 5 Additional
22		27				5. Certificate of Status Desired			e Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be
23 Zip	Gountry	Z(p)	Cou	intry		8. This corporation has liability for			s 199.032.
24	[25]	29	30	· 		Florida Statutes	No.		
	9. Name and Address of Currer	nt Registered Agent		81 Name		0. Name and Address of New F	Registered	Agent	
FILING	SS, INC.								
	NW 16TH ST			82 Street	Address	(P.O. Box Number is Not Acceptat	xe)		
FT LAI	UDERDALE FL 33311			83					
				84 City	• • • • •			85 7	Zip Code
11. Pursuant to	o the provisions of Sections 607,0502	2 and 607.1508. Florida St.	atutes, the abo	ve-named o	orooratio	a submits this statement for the ou	mose of c	=	s registered office
Or registers	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	ida. Such change was auth	orized by the d	corporation's	s board o	directors. I hereby accept the app	ointment a	is registere	ad agent. I am
SIGNATURE									
12.	Stplative, typist or printed name of registered agen OFFICERS AN	t and title if applicable ID DIRECTORS	(NOTE: Registered	Agent signature	required whe	n reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIRECT	OBS IN 12
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NAME	CODY BURCHAM, KATHLE	EEN	1.2 N	AMÉ	١	- 11 11/6	~/0		
STREET ADDRESS	1605 TALPECO RD			iree1 address	62	59 Hours Hill Gil Makasse Fl	22	2/1	
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NAME			2. T T					Change	; L Assillon
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Mawe		☐ DELÉTE	6 1 T 6 2 N					☐ Change	e 🔲 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 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 607, Florida Statutes; and that my name appears in Block 13 inchapter 607, or on an attachment with an address.

63 STREET ADDRESS 64 CHY-ST-ZIP

SIGNATURE:

STEEL ADDRESS.

CHTY - ST - ZIP

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