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CORPORATION ANNUAL REPORT - 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:28

DOCUMENT # P92000009935 (7)

1. Corporation Name
TRUECARE, INC.

Principal Place of Business	Mailing Address
[illegible] US	[illegible] US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1992	3a. Date of Last Report: 04/27/1994

2. Principal Place of Business: 21 7955 N.W. 12 St.	2a. Mailing Address: 26 7955 N.W. 12 St.
Suite, Apt. #, etc.: 22 Suite 450	Suite, Apt. #, etc.: 27 Suite 450
City & State: 23 Miami, Florida	City & State: 28 Miami, Florida
Zip: 24 33126 Country: 25 U.S.A.	Zip: 29 33126 Country: 30 U.S.A.

4. FEI Number: 65-0386689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[illegible]	81 Name: American Information Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue 83: 24th Floor 84 City: Miami, FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President/Treasurer	☒ Change ☐ Addition
NAME	JANKE, WALTER H MD	1.2 NAME		
STREET ADDRESS	23123 STATE RD 7	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	Vice President/Secretary	☐ Change ☒ Addition
NAME		2.2 NAME	David R. Rodriguez	
STREET ADDRESS		2.3 STREET ADDRESS	7955 N.W. 12th Street, Suite 450	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33126	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P. 3/6/95 305-593-8292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288702 CP