SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P92000012170 (6)

1. Corporation Name

MED-CARE SERVICES NORTHEAST, INC.

Principal Place of Business

~~15301 ROOSEVELT BLVD.
SUITE 303
CLEARWATER FL 34620~~

Mailing Address

~~15301 ROOSEVELT BLVD.
SUITE 303
CLEARWATER FL 34620~~

3. Date Incorporated or Qualified: 12/16/1992
3a. Date of Last Report: 06/01/1995
4. FEI Number: 59-3155179 ☐ 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

2. Principal Place of Business
21 455 N. Indian Rocks Rd
Suite, Apt #, etc
22
City & State
23 Bellaair Bluffs, FL
Zip 24 33770 Country 25 Pinellas

2a. Mailing Address
26 455 N. Indian Rocks Rd
Suite, Apt #, etc.
27
City & State
28 Bellaair Bluffs, FL
Zip 29 33770 Country 30 Pinellas

9. **Name and Address of Current Registered Agent**

ARSENAULT, KENNETH G JR.
10225 ULMERTON RD.
SUITE 2
LARGO FL 34641

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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**

TITLE	DTS	☐ DELETE
NAME	BUCKLES, WILLIAM G JR.	
STREET ADDRESS	15301 ROOSEVELT BLVD., SUITE 303	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	D	☐ DELETE
NAME	BARODY, MICHAEL A	
STREET ADDRESS	15301 ROOSEVELT BLVD. #303	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	VELTMAN, GREG	
STREET ADDRESS	455 N. INDIAN ROCKS BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	LANDT, TIMOTHY C	
STREET ADDRESS	15301 ROOSEVELT BLVD., #303	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

		☒ Change ☐ Addition
1.1 TITLE	DTS	
1.2 NAME	Buckles, William G. Jr.	
1.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
1.4 CITY-ST-ZIP	Bellaair Bluffs, FL 33770	☒ Change ☐ Addition
2.1 TITLE	D/P	
2.2 NAME	Barody, Michael A.	
2.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
2.4 CITY-ST-ZIP	Bellaair Bluffs, FL 33770	☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☒ Change ☐ Addition
4.1 TITLE	D	
4.2 NAME	Landt, Timothy L.	
4.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
4.4 CITY-ST-ZIP	Bellaair Bluffs, FL 33770	☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6.20.96 813/585-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119476 CP