

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000001986 (7)**

1. Corporation Name  
**CARDINAL CAREGIVERS INC.**



Principal Place of Business: **31942 U.S. 19 N. PALM HARBOR FL 34684 US**  
 Mailing Address: **31942 U.S. 19TH N. PALM HARBOR FL 34684 US**

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-sections for Suite, Apt #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/31/1992**  
 3a. Date of Last Report: **07/31/1995**  
 4. FEI Number: **59-3163638**  
 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. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**NESBIT, MARY B  
 31942 U.S. 19 N.  
 PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation provides 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 the corporation. (Prints, Reg. Agent name and date must be identical)

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	NESBIT, MARY B	
STREET ADDRESS	2833 LONGLEAF LN	
CITY-STATE-ZIP	PALM HARBOR FL 34684	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONAHAN, RAYMOND V	
STREET ADDRESS	212 OLD VILLAGE WAY	
CITY-STATE-ZIP	OLDSMAR FL 34667	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONAHAN, EDWIN F	
STREET ADDRESS	3863 WILDWOOD CT #213	
CITY-STATE-ZIP	PALM HARBOR FL 34687	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(a), 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 registrant, or trustee empowered to file 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 addition filed with an addition.

SIGNATURE \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

CR2E034 (12/95)