FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

Mar 02 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9300002389 (3) CARE ADMIN SERVICES, INC. Principal Place of Business Mailing Address 9950 PRINCESS PALM AVE 12377 MERIT DRIVE SUITE 100 SUITE 100 **TAMPA FL 33619** DALLAS TX 75251 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 75-2493296 12377 Merit Drive Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Swite 100 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 ☐ No 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 62 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 63 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CEO DELETE Change Addition TITLE 11 TITLE D, BROWN, JACK L NAME 12 NAME CR2E034 12377 MERIT DRIVE, SUITE 100 STREET ADDRESS 1.3 STREET ADDRESS 281 DALLAS TX CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE ADAMS, FRANK L 2.2 NAME 12377 MERIT DR #100 STREET ADDRESS 2.3 STREET ADDRESS DALLAS TX CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MCKINSTRY, EARL 3.2 NAME 12377 MERIT DRIVE, SUITE 100 STREET ADDRESS 3.3 STREET ADDRESS DALLAS TX 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 receivity or truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attack then the corporation or the receivity of truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attack then the corporation or the receivity of truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing the corporation of the corporation of

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