SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 26 AM 9:00

DOCUMENT # **P93000027685 (5)**

1. Corporation Name
AMERICAN PAYCARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2240 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33402	2240 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1993
3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0406699 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEBER, WILLIAM L
2240 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: COLE, JOSEPH H JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2240 PALM BEACH LAKES BLVD.
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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: Joseph H Cole Jr. DATE: 6-21-95
Signature, type 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	D	11 TITLE		☒ Change ☐ Addition
NAME	WEBER, WILLIAM L	12 NAME	CALDWELL, MANLEY P.	
STREET ADDRESS	1105 OCEAN DUNES CIR	13 STREET ADDRESS	324 ROYAL PALM WAY	
CITY-ST-ZIP	JUPITER FL 33477	14 CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	21 TITLE	PD	☒ Change ☐ Addition
NAME	COLE, JOSEPH H JR	22 NAME		
STREET ADDRESS	2415 S FLAGLER DR	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SLUTSKY, SHARLENE K	32 NAME		
STREET ADDRESS	20 EQUESTRIAN CT	33 STREET ADDRESS		
CITY-ST-ZIP	WEST HILLS NY 11743	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Joseph H Cole Jr. 6-7-95 (407) 683-8320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH H. COLE, JR.

0003623 CP