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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000039852 (7)

1. Corporation Name

INTERNATIONAL CARE MANAGEMENT CORP.

Principal Place of Business

25 SECOND ST N.
340
ST. PETERSBURG FL 33701
US

Mailing Address

25 SECOND ST. N
340
ST. PETERSBURG FL 33701-3362
US

3. Date Incorporated or Qualified
06/01/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3245509

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

FELDER, BENJAMIN
100 2ND AVENUE SOUTH
4TH FLOOR, NORTH TOWER
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINO, ANNETTE
STREET ADDRESS 25 2ND ST N ST4 440
CITY- ST- ZIP ST. PETERSBURG FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

25

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

45

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

55

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

65

Elizabeth Hutton
25 Second St N Suite 340
St Petersburg FL 33701

400002163044
-05/02/97--01044--040
***165.00

14. I do 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0371819

CR2E034 (9/96)