

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050626 (9)

1. Corporation Name

AMBULACARE, INC.

Principal Place of Business

13180 N CLEVELAND AVENUE
STE 125
N FORT MYERS FL 33903
US

Mailing Address

13180 N CLEVELAND AVE
STE 125
N. FORT MYERS FL 33903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0428961

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 125

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 125

City & State

28

Zip

Country

10. Name and Address of New Registered Agent

81 Name

KAREN L. LaFollette

82 Street Address (P.O. Box Number is Not Acceptable)

13180 N. CLEVELAND SUITE 130

83

84 City

NORTH FORT MYERS

FL

85 Zip Code

33903

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR
1500 COLONIAL BLVD.
SUITE 103
FORT MYERS FL 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 is 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 of person or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

DATE

KAREN L. LaFollette

KAREN L. LaFollette, PRESIDENT 4/27/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PTD

LAFOLLETTE, KAREN L

8190 CLEAVES ROAD

NORTH FT. MYERS FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VSD

BAURAIN, JULI

8190 CLEAVES ROAD

NORTH FT. MYERS FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

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