FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000060690 (3)**

1. Corporation Name

ADVOCARE HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
4700 N. STATE ROAD 7 STE. 108 LAUDERDALE LAKES FL 33319 US	4700 N STATE ROAD 7 STE. 108 LAUDERDALE LAKES FL 33319 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0433830 ☐ 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/only for alternative tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHENHERR, TINA
5101 NW 87 AVE.
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name: O'DONNELL, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 4700 N. STATE RD. 7
83: SUITE 108
84 City: LAUDERDALE LAKES FL 85 Zip Code: 33319

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: John O'Donnell — 4/17/95
(Attach typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P,D	☐ Change ☒ Addition
NAME	SCHENHERR, TINA	12 NAME	O'DONNELL, JOHN	
STREET ADDRESS	5101 NW 87TH AVENUE	13 STREET ADDRESS	3152 DUANE AVE.	
CITY ST ZIP	LAUDERHILL FL 33351	14 CITY ST ZIP	OLDSMAR FL. 34677	
TITLE		21 TITLE	~~V.P. SCHENHERR, TINA~~	☐ Change ☒ Addition
NAME		22 NAME	SCHENHERR, TINA	
STREET ADDRESS		23 STREET ADDRESS	5101 NW 87 AVE	
CITY ST ZIP		24 CITY ST ZIP	LAUDERHILL, FL. 33351	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS	200001460552	
CITY ST ZIP		34 CITY ST ZIP	-04/19/95--01086--003	
TITLE		41 TITLE	******8.75	☐ Change ☐ Addition
NAME		42 NAME	200001460552	
STREET ADDRESS		43 STREET ADDRESS	-04/19/95--01086--004	
CITY ST ZIP		44 CITY ST ZIP	****200.00	****200.00
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	4/18/95 MST	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on the 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 on an attachment with an address.

SIGNATURE: John O'Donnell — JOHN O'DONNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 10 95 (305)731-4141
Date Daytime Phone #

0227030 CP