SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075428 (1)**

1. Corporation Name
INTEGRATED CARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3 CEDAR CIRCLA BOYNTON BEACH FL 33462 US	1815 STONHAVEN DRIVE BOYNTON BEACH FL 33436 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0458894 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, THOMAS B 100 NORTH TAMPA SUITE 2120 TAMPA FL 33602	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 _____ DATE
Signature, typed 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 (IF ANY)	
TITLE	D, P	11 TITLE	☐ Change ☐ Addition
NAME	GIRARD, MICHAEL	12 NAME	
STREET ADDRESS	3 CEDAR CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~CLAIR, KEVIN M~~	22 NAME	
STREET ADDRESS	~~1815 STONEHAVEN DR.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~BOYNTON BEACH FL 33436~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	~~CAMPBELL, DOYLE R~~	32 NAME	
STREET ADDRESS	~~2865 N.E. 27 ST.~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33306~~	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~MILLER, GARY~~	42 NAME	
STREET ADDRESS	~~1100 S.E. 5TH COURT, #80~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~POMPANO BEACH FL 33060~~	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: X Michael Girard 7-20-95 407-249-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004184 CP