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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000076543 (6)**

1. Corporation Name
**CARE PLUS, INC.**

Principal Place of Business
**112 43RD STREET NW**
**BRADENTON FL 34209**

Mailing Address
**112 43RD STREET NW**
**BRADENTON FL 34209**

3. Date Incorporated or Qualified: **11/01/1993**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business
21 3322 MANATEE AVE WEST
Suite, Apt. #, etc.
22 BRADENTON FL.
City & State
23
Zip 24 34205
Country 25 US MANATEE

2a. Mailing Address
26 3322 MANATEE AVE W.
Suite, Apt. #, etc.
27 BRADENTON FL.
City & State
28
Zip 29 34205
Country 30 US

4. FEI Number: **65-0444631** This is correct Fei #
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**

**MEISSNER, GREGORY C ESQ**
**1111 THIRD AVE SUITE 150**
**BRADENTON FL 34205**

**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) Date (if applicable) Agent's signature (required when resigning) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DVST | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICCIO, ALAN J | | 1.2 NAME | |
| STREET ADDRESS | 112 43RD STREET NW | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY-ST-ZIP | |
| TITLE | DP | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICCIO, DAWN R | | 2.2 NAME | |
| STREET ADDRESS | 112 43RD STREET NW | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 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)(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:** Alan J. Riccio 5/30/96 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)