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

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 JUN 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083830

1. Corporation Name
Meta-CARE, Inc.

600001513656
-06/15/95--01034--024
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 10600 Bloomfield Dr.<br>Apt. #1811<br>Orlando, Fl.<br>32825 | |

3. Date Incorporated or Qualified: 11-30-93
3a. Date of Last Report: 4-95

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21: 10600 Bloomfield Dr. | 26: 10600 Bloomfield Dr. |
| Suite, Apt. #, etc. 22: 1811 | Suite, Apt. #, etc. 27: 1811 |
| City & State 23: Orlando, Fl. | City & State 28: Orlando, Fl. |
| Zip 24: 32825 Country 25: USA | Zip 29: 32825 Country 30: USA |

4. FEI Number: 59-322-5065 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| A. Michael David<br>10600 Bloomfield Dr.<br>Apt. 1811<br>Orlando, Fl.<br>32825 | 81 Name: A. Michael David<br>82 Street Address (P.O. Box Number is Not Acceptable): 10600 Bloomfield Dr<br>83: Apt. 1811<br>84 City: Orlando FL 85 Zip Code: 32825 |

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: A. Michael David (A. Michael David)(CEO) 5-30-95
Signature, 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 | (C) Chief Executive Officer | 11 TITLE | ☐ Change ☐ Addition |
| NAME | A. Michael David | 12 NAME | |
| STREET ADDRESS | 10600 Bloomfield Dr., Apt. 1811 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, Fl. 32825 | 14 CITY-ST-ZIP | |
| TITLE | (P) President | 21 TITLE | ☐ Change ☐ Addition |
| NAME | C. Christine David | 22 NAME | |
| STREET ADDRESS | 10600 Bloomfield Dr., Apt. 1811 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, Fl. 32825 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 | |

6/12/95

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:** A. Michael David (A. Michael David)(CEO) 5-30-95 407-826-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #