

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000013666 (0)

1. Corporation Name

CARE STAT OF CHICAGO, INC.

Principal Place of Business

Mailing Address

270 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

270 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/17/1994

2. Principal Place of Business

2a. Mailing Address

21 6655 N. AVENUE

26

4. FEI Number

Applied For

59-3236709

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Chicago, IL

27

Zip

Country

Zip

Country

24 60631

25

29

30

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, ROBERT E
501 EAST KENNEDY BLVD.
SUITE 1400
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

(Signature of person or persons named as registered agent and the corporation)

(NOTE: Registered Agent signature required when resubmitting)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POWERS, TIMOTHY J
STREET ADDRESS 270 S. NORTHLAKE BLVD., STE 1000
CITY, ST, ZIP ALTAMONTE SPRINGS FL 32701

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME POWERS, KEVIN C
STREET ADDRESS 270 S. NORTHLAKE BLVD., STE 1000
CITY, ST, ZIP ALTAMONTE SPRINGS FL 32701

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME MILLER, ANDREW W
STREET ADDRESS 270 S. NORTHLAKE BLVD., STE 1000
CITY, ST, ZIP ALTAMONTE SPRINGS FL 32701

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM POWERS

5-16-95

Date

(407) 260-9300

Telephone Number