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PROFIT CORPORATION ANNUAL REPORT

1996

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

96 MAY -1 AM 9:29

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~~	~~6655 N AVONDALE~~ ~~SUITE 1000~~ ~~CHICAGO IL 60631~~ ~~US~~

3. Date Incorporated or Qualified	3a. Date of Last Report
02/17/1994	05/31/1995

2. Principal Place of Business	2a. Mailing Address
21 6655 N. AVONDALE	26 270 S. NorthLake Blvd
Suite, Apt. #, etc. 22 Suite 1000	Suite, Apt. #, etc. 27 Suite 1000
City & State 23 Chicago, FL	City & State 28 Altamonte Springs, FL
Zip / Country 24 60631 / 25 US	Zip / Country 29 32701 / 30 US

4. FEI Number: 59-3236709 — 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
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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable — NOTE: Registered Agent's signature required when filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, TIMOTHY J 270 S. NORTHLAKE BLVD., STE 1000 ALTAMONTE SPRINGS FL 32701	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, KEVIN C 270 S. NORTHLAKE BLVD., STE 1000 ALTAMONTE SPRINGS FL 32701	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ANDREW W 270 S. NORTHLAKE BLVD., STE 1000 ALTAMONTE SPRINGS FL 32701	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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: Tim Powers - COO — 1-29-96 — (407)660-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tim Powers