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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000013666 (0)

1. Corporation Name

CARE STAT OF CHICAGO, INC.



Principal Place of Business

Mailing Address

6655 N. AVONDALE
SUITE 1000
CHICAGO IL 60631

900 WINDERLEY PLACE
STE 230
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

59-3236709

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 270 S. Northlake Blvd.

Suite, Apt. #, etc.

27 Suite 1000

City & State

28 Altamonte Springs, FL

Zip

29 32701

Country

30 USA

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUGG, JOE
ONE TAMPA CITY CENTER
STE #2100
TAMPA FL 33601

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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 then if applicable

(NOTE: Registered Agent Signature required when reinstating)

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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.

339-6500

CR2E034 (10/97)