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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| Corporation TEAM | MENT # P9400 CARE ASSOCIATES, INC. | 0028915 (4 | , | | | |
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| (EXIV | CARE ASSOCIATES, INC. | | | | | |
| incipal Place | of Business | Mailing Address | to the control of the | | SOUN BANKO NEBY LOHAT IR | |
| 1014 OSAGE CLEARWATEI | | 1014 OSAGE ST. CLEARWATER FL 3461 | 5 | | | |
| | | | | 3. Date Incorporated or Qualified 04/15/1994 | 3a. Date of Last F | • |
| Principal Pla | ice of Business | 2a. Mailing Address | | 4. FEI Number | Ĺ | Applied For |
| Suite, Apt. # | , oto | Suito Ant # atc | | 59-3236933 | | Not Applicable |
| Other, Marc # | r, etg. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 1 1 | 5 Additional Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | 00 May Be |
| Zip | Country | Ζφ | Country | 8. This corporation has liability for in | ntangible tax under s | |
| | 25 9. Name and Address of Curren | 29 | [30] | Florida Statutes Yes 10. Name and Address of New Re | | |
| | 9, Name and Address of Curren | ii negistereu Agent | 81 Name | 10. Hallie and Address of Hew Fi | ogistered Agenit | |
| SALRER | RG, STANLEY | | 82 Street Add | Iress (P.O. Box Number is Not Acceptable | lo) | |
| | Y AVE SUITE B | | /014 | Osage ST. | | |
| | NATER FL 34616 | | 83 | | | |
| | | | 84 City | | 85 Z | ip Code_ |
| | | | C 1 | oration submits this statement for the purp | FL 3 | 4615 |
| | o the provisions of Sections 607,0502 | Jand 607 1508. Honda Statuta | | oration submits this statement for the buri | pose of changing its | registered office |
| or registere | ed agent, or both, in the State of Flori | da. Such change was authorize | ed by the corporation's boa | ard of directors. I hereby accept the appo | ointment as registere | d agent. I am |
| or registere | ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | da. Such change was authorize | ed by the corporation's boa | ard of directors. I hereby accept the appo | ointment as registere | d agent. I am |
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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 on Printed Name of Signing Officer on Director

(813)446-85d