

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P94000033266

1. Corporation Name

XL-CARE AGENCY, INC. OF VOLUSIA

Principal Place of Business

2221 Lee Rd.  
Suite 5  
Winter Park, FL 32789

Mailing Address

701 Brickell Ave.  
Suite 3000  
Miami, FL 33131

3. Date Incorporated or Qualified  
05/03/1994

3a. Date of Last Report  
12/04/95

2. Principal Place of Business

2a. Mailing Address

21 701 Brickell Ave.

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 3000

27

City & State

City & State

23 Miami, FL

28

Zip 33131

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3251925

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME Lopez, Dennis  
STREET ADDRESS 2221 Lee Rd., Suite 5  
CITY-ST-ZIP Winter Park, FL 32789

TITLE D ☐ DELETE  
NAME Danler, Kathleen  
STREET ADDRESS 65-12 Myrtle Ave.  
CITY-ST-ZIP Glendale, NY 11385

TITLE D ☐ DELETE  
NAME Danler, William  
STREET ADDRESS 4469 N State Rd. 7  
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE S/T/D ☒ Change ☐ Addition  
2 NAME Lopez, Dennis  
3 STREET ADDRESS 2221 Lee Rd., Suite 5  
4 CITY-ST-ZIP Winter Park, FL 32789

2 1 TITLE P/D ☒ Change ☐ Addition  
22 NAME Danler, Kathleen  
23 STREET ADDRESS 65-12 Myrtle Ave.  
24 CITY-ST-ZIP Glendale, NY 11385

3 1 TITLE VP/D ☒ Change ☐ Addition  
32 NAME Danler, William  
33 STREET ADDRESS 4469 N State Rd. 7  
34 CITY-ST-ZIP Lauderdale Lakes, FL 33319

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

100001847001  
-06/03/96--01016--010  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96

CR2034 (12/95)