

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUL -5 PM 1:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000054840 (1)
 1. Corporation Name
CARE ON CALL, INC.

Principal Place of Business Mailing Address
4300 ALTON ROAD 4300 ALTON ROAD
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/25/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0510402		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing			
24	25	29	30	Trust First Contribution <input type="checkbox"/>			
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL		B5 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 Signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND DEPARTURES	
TITLE	Director	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sol Edelstein, M.D.	12 NAME	
STREET ADDRESS	10275 Collins	13 STREET ADDRESS	
CITY ST ZIP	South Bal Harbor, FL 33142	14 CITY - ST - ZIP	
TITLE	President	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sol Edelstein, M.D.	22 NAME	
STREET ADDRESS	10275 Collins	23 STREET ADDRESS	
CITY ST ZIP	South Bal Harbor, FL 33142	24 CITY - ST - ZIP	
TITLE	Secretary	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas E. Duffy	32 NAME	
STREET ADDRESS	6600 West Broad Street	33 STREET ADDRESS	
CITY ST ZIP	Richmond, VA 23230	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY - ST - ZIP	

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 110.07(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: Thomas E. Duffy Secretary 6/21/95 804-285-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional Phone #)
THOMAS E. DUFFY

CR2E034 (3/95)