~~FILE AGAIN: FILING FEE AFTER MAY 1 IS $225.00~~

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 21 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070244 (6)**

1. Corporation Name
CAREPARTNERS, INC.

Principal Place of Business
~~5720 HARDING ST.~~
~~HOLLYWOOD FL 33021~~
5400 S. UNIVERSITY DR
#201
DAVIE, FL 33328

Mailing Address
~~5720 HARDING ST.~~ 5400 S. UNIVERSITY DR.
~~HOLLYWOOD FL 33021~~ #201
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:

	2. Principal Place of Business	2a. Mailing Address
	21 5400 S. UNIVERSITY DR.	26 5400 S. UNIVERSITY DR.
Suite, Apt. #, etc.	22 SUITE 201	27 SUITE 201
City & State	23 DAVIE, FL	28 DAVIE, FL
Zip / Country	24 33328 / 25 USA	29 33328 / 30 USA

4. FEI Number: 65 05 22 985 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHLICHTE, MATTHEW J
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

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 _____ 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 TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☒ Change ☐ Addition	
NAME	LAFEIR, JAMES	12 NAME		
STREET ADDRESS	~~5720 HARDING ST.~~	13 STREET ADDRESS	937 SW 19th ST	
CITY-ST-ZIP	~~HOLLYWOOD FL 33021~~	14 CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE	DV	21 TITLE	☐ Change ☐ Addition	
NAME	SCHLICHTE, MARY E	22 NAME		
STREET ADDRESS	5720 HARDING ST.	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE	☐ Change ☐ Addition	
NAME	MOBERG, DAN	32 NAME		
STREET ADDRESS	5720 HARDING ST.	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE	☒ Change ☐ Addition	
NAME	WILLINGS, BRUCE	42 NAME		
STREET ADDRESS	~~5720 HARDING ST.~~	43 STREET ADDRESS	937 SW 19th ST	
CITY-ST-ZIP	~~HOLLYWOOD FL 33021~~	44 CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ 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 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: Mary E Schlichte MARY E. SCHLICHTE 3/24/95 (305)680-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083000 CP