

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

DOCUMENT # **P94000070244 (6)**

1. Corporation Name

CAREPARTNERS, INC.



Principal Place of Business

**5400 S. UNIVERSITY DRIVE
STE 201
DAVIE FL 33328
US**

Mailing Address

**5400 S. UNIVERSITY DRIVE
STE 201
DAVIE FL 33328
US**

3. Date Incorporated or Qualified
09/23/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 202

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0522985

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

**SCHLICHTE, MATTHEW J
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 must be witnessed/sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
LAFEIR, JAMES
STREET ADDRESS **937 SW 19TH ST**
CITY-STATE-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **DV**
SCHLICHTE, MARY E
STREET ADDRESS **5720 HARDING ST.**
CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE

NAME **DT**
MOBERG, DAN
STREET ADDRESS **5720 HARDING ST.**
CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE

NAME **DS**
WILLINGS, BRUCE
STREET ADDRESS **937 SW 19TH ST**
CITY-STATE-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Moberg-Schlachte, Mary E.
717 NW 10th Avenue
Dania, FL 33004

717 NW 10th Avenue
Dania, FL 33004

WILLING (no "s") BRUCE E.

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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

2/28/96 (954) 680-2133

CR2E034 (12/95)