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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

STREET ADDRESS

CAREPART  Principal Place of Bus  5400 S. UNIVERSIT STE 201		Mailing Address 5400 S. UNIVERSIT STE 201	Y DRIVE				
DAVIE FL 33328 US		DAVIE FL 33328 US			3. Date incorporated or Qualified 09/23/1994		of Last Report 4/21/1995
Principal Place of	Business	2a. Mailing Address			4. FEI Number	1	Applied For
Suite Ast # etc		<b>26</b>			65-0522985		Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	·	8. This corporation has liability for		ax under s 199,032,
<u> </u>	25   Name and Address of Cur	rent Registered Agent	[30]		florida Statutes Yes  10. Name and Address of New R	No Registered	Agent
	Titalia dila Addicada di Cali		81	Name			
SCHLICHTE,	MATTHEW J		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
	WOOD BLVD.		0.0				
HOLLYWOOL	D FL 33020		63				
			84	City		FI	85 Zip Code
	the second of the second of C	Parties COZ OFOE Finded State	orized by the corp	oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	cintment as	registered agent. Fam
IGNATURESignatur	d accept the obligations of, S  oro, typod or printed name of registered a  OFFICERS	ago if and file if application  AND DIRECTORS	(NOTE: Registered Age			DATE	D DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address. SIGNATURE: \_\_

6.3 STREET ADDRESS

6.4 CrTY - ST - ZIF