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FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

6400 S. UNIVERSITY DRIVE  
STE 201  
DAVIE FL 33328  
US

Mailing Address

6400 S. UNIVERSITY DRIVE  
STE 201  
DAVIE FL 33328-5309  
US

3. Date Incorporated or Qualified  
09/23/1994

3a. Date of Last Report  
03/25/1996

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

2. Principal Place of Business

21 4216 S. UNIVERSITY DR

Suite, Apt. #, etc.

22 DAVIE FL

City & State

23

24 33328

Country  
USA

2a. Mailing Address

25 4216 S. UNIVERSITY DR

Suite, Apt. #, etc.

27 DAVIE FL

City & State

28

29 33328

Country  
USA

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE DV  
NAME MOBERG-SCHLICHTE, MARY E.  
STREET ADDRESS 717 NW 10TH AVE.  
CITY-STATE-ZIP DANIA FL

☐ DELETE

TITLE DT  
NAME MOBERG, DAN  
STREET ADDRESS 717 NW 10TH AVE.  
CITY-STATE-ZIP DANIA FL

☐ DELETE

TITLE DS  
NAME WILUNG, BRUCE E.  
STREET ADDRESS 937 SW 19TH ST  
CITY-STATE-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE:

*James L. Lafair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 (454)  
370-2250  
Date Daytime Phone

CR2E034 (9/96)