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FILED

Apr 21 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 # P94000078451 (9)

1. Corporation Name  
CALL CARE ASSOCIATES, INC.



Principal Place of Business

~~5010 SW 164TH TERRACE~~  
~~FT. LAUDERDALE FL 33331~~

Mailing Address

~~5010 SW 164TH TERRACE~~  
~~FT. LAUDERDALE FL 33331-1338~~

3. Date Incorporated or Qualified  
10/24/1994

3a. Date of Last Report  
05/29/1996

2. Principal Place of Business

21 2030 Northeast 21st Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

27 90 GRUBER AND ASSOCIATES, P.A.  
Suite, Apt. #, etc.

4. FEI Number  
65-0572103

Applied For  
Not Applicable

22 City & State  
23 FORT LAUDERDALE FL

27 City & State  
28 FORT LAUDERDALE FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33305

25 Country  
USA

29 Zip  
333161735

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAREMBA, FRANK W. Ru  
1402 3RD AVENUE WEST  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name  
RUTH E. HAMM  
82 Street Address (P.O. Box Number is Not Acceptable)  
2030 Northeast 21st Avenue  
83  
84 City  
Fort Lauderdale FL  
85 Zip Code  
33305

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

RUTH E. HAMM

4/10/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
HAMM, RUTH  
STREET ADDRESS  
5010 SW 164TH TERRACE  
CITY - ST - ZIP  
FT. LAUDERDALE FL 33331

TITLE  
D  
NAME  
ARFANIS, JOHN  
STREET ADDRESS  
2905 AZALEA DR  
CITY - ST - ZIP  
COPPER CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
RUTH E. HAMM  
1.3 STREET ADDRESS  
2030 Northeast 21st Avenue  
1.4 CITY - ST - ZIP  
Fort Lauderdale, FL 33305

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH E. HAMM 4/10/97 954522222

Date Daytime Phone #

CR2E034 (9/96)