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FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000078765 (2)

1. Corporation Name

SUNCARE SERVICES, INC.

Principal Place of Business

Mailing Address

~~4710 S HEMINGWAY CIR~~
~~MARGATE FL 33063~~

P.O. BOX 84
FT LAUDERDALE FL 33302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

65-0533303

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1091 E. Commercial Blvd

Suite, Apt. #, etc.

22 Unit #2

27 Suite, Apt. #, etc.

23 FT. LAUDERDALE FL

28 City & State

24 33334

Country

25 U.S.A.

29 Zip

Country

30

9. Name and Address of Current Registered Agent

LUBIN, MICHELLE
4710 S HEMINGWAY CIR
MARGATE FL 33063

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

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 ☐ DELETE

NAME
DPS
LUBIN, MICHELLE
STREET ADDRESS
4710 S HEMINGWAY CIR
CITY-ST-ZIP
MARGATE FL 33063

TITLE ☐ DELETE

NAME
VT
COCHRAN, BRUCE
STREET ADDRESS
% 4710 S HEMINGWAY CIR
CITY-ST-ZIP
MARGATE FL 33063

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 on an attachment with an address.

SIGNATURE: MICHELLE LUBIN 3/30/98 PRES/SEC

CR2E034 (10/97)