SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JUN 19 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083255 (7)

1. Corporation Name

FLORIDA CARE CONNECT, INC.

Principal Place of Business	Mailing Address
14001 DALLAS PARKWAY DALLAS TX 75240	14001 DALLAS PARKWAY DALLAS TX 75240

3. Date Incorporated or Qualified: **11/15/1994**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **75-2567252** ☐ 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		2a. Mailing Address
21	3820 State Street	26	3820 State Street
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State: Santa Barbara, CA	28	City & State: Santa Barbara, CA
24	Zip: 93105	29	Zip: 93105
25	Country: U.S.	30	Country: U.S.

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

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: D F Hickey D.F. Hickey Asst. Secy. 6-18-96
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	D	☒ DELETE
NAME	SABATINO, THOMAS J JR.	
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	☒ DELETE
NAME	BAILEY, BARY G	
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	☐ DELETE
NAME	SMITH, W. RANDOLPH	
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	☐ Change ☒ Addition
1.2 NAME	Michael H. Focht, Sr.	
1.3 STREET ADDRESS	3820 State Street	
1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
2.1 TITLE	Sr.VP/Sec'y/Director	☐ Change ☒ Addition
2.2 NAME	Scott M. Brown	
2.3 STREET ADDRESS	3820 State Street	
2.4 CITY-ST-ZIP	~~Santa Barbara, CA 93105~~	
3.1 TITLE	Exec.VP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Exec.VP/CFO	☐ Change ☒ Addition
4.2 NAME	Trevor Fetter	
4.3 STREET ADDRESS	3820 State Street	
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
5.1 TITLE	VP/T	☐ Change ☒ Addition
5.2 NAME	Terence P. McMullen	
5.3 STREET ADDRESS	3820 State Street	
5.4 CITY-ST-ZIP	~~Santa Barbara, CA 93105~~	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****225.00 ****225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott M Brown Scott M. Brown 6/17/96 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #