

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000092838 (9)

1. Corporation Name

LIBERTY CARE PLAN, INC.



Principal Place of Business

2750 STICKNEY POINT ROAD
SUITE 106A
SARASOTA FL 34231

Mailing Address

2750 STICKNEY POINT ROAD
SUITE 106A
SARASOTA FL 34231

301 BERNARD AVE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0544465

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

10. Name and Address of New Registered Agent

81 Name

GLENN A. BLY

82 Street Address (P.O. Box Number is Not Acceptable)

301 Bernard Ave

84 City

Sarasota

FL

85 Zip Code

34243

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned 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

X Glenn Bly STD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

X April 30 96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BLY, FELICIA E
STREET ADDRESS 301 BERNARD AVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ DELETE

NAME VD
CAPIERSEHO, MICHAEL L
STREET ADDRESS 888 BLVD OF THE ARTS, SUITE 1502
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE

NAME STD
BLY, GLENN A
STREET ADDRESS 301 BERNARD AVE
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, 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 charged 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:

X Glenn Bly STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X April 30 96 941-351-0059

CR2E034 (12/95)