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Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998 [redacted] 1998

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

DOCUMENT # P95000008672

1. Corporation Name

GUARDIAN HEALTH CARE, INC.

Principal Place of Business | Mailing Address

Guardian Health Care, Inc.
9853 Tamiami Trail North
Suite 202
Naples, Florida 34108

3. Date Incorporated or Qualified: Jan. 30, 1995	**3a.** Date of Last Report: 5-1-97
4. FEI Number: 65-0552459	☐ 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 9853 Tamiami Trail N.	26 9853 Tamiami Trial N.
Suite, Apt # etc: 22 202	Suite, Apt #, etc: 27
City & State: 23 Naples, Florida	City & State: 28 Naples, Florida
Zip: 24 34108 — Country: 25 USA	Zip: 29 34108 — Country: 30 USA

9. Name and Address of Current Registered Agent

Marianne Troy-Voigt
4560 San Antonio Lane
Bonita Springs, FL 33923

10. Name and Address of New Registered Agent

81 Name	Marianne Troy-Voigt
82 Street Address (P.O. Box Number is Not Acceptable)	11031 Cherry Dr.
83	
84 City	Bonita Springs FL
85 Zip Code	34135

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 *Marianne Troy Voigt* Marianne Troy-Voigt April 15, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS | **13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES		Change / Addition
TITLE	Director, President	☐ DELETE	TITLE	Director, President	☒ Change ☐ Addition
NAME	Marianne Troy-Voigt		NAME	Marianne Troy-Voigt (Address)	
STREET ADDRESS	11031 Cherry Dr.		STREET ADDRESS	11031 Cherry Dr.	
CITY-ST-ZIP	Bonita Springs, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		☐ DELETE	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	TITLE		☐ Change ☐ Addition
NAME			NAME	600002493866 -04/20/98--01078--014 ***150.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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 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: *Marianne Troy Voigt* 4-15-98 (941) 566-7443