08031999-90005-018-$150.00-$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: $350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90005 018 ***150.00
08-31-1999 90005 026 ***400.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011491

1. Corporation Name
NORTH AMERICAN CARE, INC.
c/o Koch/Reiss and Co.

Principal Place of Business
3041 NE 39 STREET
FT LAUDERDALE FL 33308

Mailing Address
~~3041 NE 39 STREET~~
~~FT LAUDERDALE FL 33308~~
4700 Sheridan St.
Bldg. N.
Hollywood, FL. 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1995

4. FEI Number: 65-2573261 — 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 the current year Intangible Personal Property. ☒ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address: 4700 Sheridan St.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.: Bldg. N.
23	City & State	28	City & State: Hollywood, FL.
24	Zip	29	Zip: 33021
25	Country	30	Country: USA

9. Name and Address of Current Registered Agent
SMUCLOVISKY, CLAUDIO
3041 NE 39 STREET
FT LAUDERDALE FL 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SMUCLOVISKY, CLAUDIO	
STREET ADDRESS	3041 NE 39 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	☐ DELETE
NAME	RUSH, MICHAEL	
STREET ADDRESS	3041 NE 39 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: SIGNATURE [illegible] — 7/25/99 — 954 989-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #