

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019291 (0)

1. Corporation Name

GOLDEN CARE MANAGEMENT, INC.



Principal Place of Business

15330 SHERWOOD FOREST DR
TAMPA FL 33647

Mailing Address

15330 SHERWOOD FOREST DR
TAMPA FL 33647

EFFECTIVE Nov 30, 1996

2. Principal Place of Business

21 5121 E. SERENA DR.

2a. Mailing Address

26 5121 E. SERENA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

23 TAMPA FL

28 TAMPA FL

24 33617

25 HILLSBOROUGH

29 33617

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

CLEMENT, ROBERT T
15330 SHERWOOD FOREST DR
TAMPA FL 33647

3. Date Incorporated or Qualified
03/07/1995

3a. Date of Last Report
N/A (NEW)

4. FEI Number

☒ 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 ROBERT J. CLEMENT

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

83 5121 E. SERENA DR

84 TAMPA

FL

85 Zip Code 33617

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 ROBERT J. CLEMENT

(NOTE: Registered Agent signature required when reappointing)

3/26/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME CLEMENT, ROBERT J
STREET ADDRESS 18421 AINTREE CT
CITY-ST-ZIP TAMPA FL 33647

TITLE VS
NAME CLEMENT, ROBERT T
STREET ADDRESS 15330 SHERWOOD FOREST DR
CITY-ST-ZIP TAMPA FL 33647

TITLE T
NAME CLEMENT, BRIAN R
STREET ADDRESS 126 BEVERLY RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: ROBERT J. CLEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. CLEMENT PRESIDENT

3/26/96

813-973-0075

Daytime Phone #