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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000026934 (6)

XL-CARE AGENCY, INC. OF MARION

FILED May 01 1996 8:00 am Secretary of State

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Principal Place of Business		Mailing Address			
2221 LEE ROAD. SUITE 15 WINTER PARK FL 32789		2221 LEE ROAD. SUITE 15 WINTER PARK FL 32789			
				3. Date Incorporated or Qualified 3a 04/05/1995	Date of Last Report
2. Principal Plac		2a. Mailing Address		4. FEI Number	Applied For
	Brickell Ave.	26 701 Bricke	ll Ave.	59-3315324	Not Applicable
Suite Apt. #		Suite, Apt. #, etc. 27 Suite 3000		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite City & State	e 3000	27 Suite 3000 City & State		6. Election Campaign Financing	\$5.00 May Be
	i, FL	28 Miami, FL		Trust Fund Contribution	Added to Fees
Zip 331.	Country 25	^{Հա} 33131 ⊢	Country 0	8. This corporation has liability for intang Florida Statutes	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
% LASE 9400 S MIAMI F	LEE F ESO AS, SAMUELS & FREGER, P.A. OUTH DADELAND BLVD., PENTI- FL 33156 In the provisions of Sections 607.050? In agent, or botter in the State of Son, and accept the Company of Sections 607.050?	ag 1607.1508, Florida Statutes, Such charge was authorized	701 83 Sui 84 City the above named on the comprehension	RASTATE REGISTERED AC Address (P.O. Box Number is Not Acceptable) Brickell Ave. te 3000 Ini corporation submits this statement for the purpose is board of directors. Thereby accept the appointment of the REGISTERED AGENT CO	FL 85 Zip Code 3 3131 of changing its registered affice
SIGNATURE _	By: X/ X/////////	ren - Vice Pres	ident × 1000		4/5/96
12.	D OFFICERS AND	DELETE	13.	D/S/T	Change Addition
NAME	LOPEZ, DENNIS		1.2 NAME	Lopez, Dennis	• -
STREET ADDRESS	2221 LEE ROAD, SUITE 15		1.3 STHEET ADDRESS	2221 Lee Road, Suite	
CITY - ST - ZIP	WINTER PARK FL 32789		1.4 CiTY - ST - ZIP	Winter Park, FL 327	
TITLE	D	☐ DELETE	2 1 TITLE	Danler, Kathleen	Change 🔲 Addition
NAME	DANLER, KATHLEEN		2.2 NAME	65-12 Myrtle Ave.	
STREET ADDRESS	65-12 MYRTLE AVE.		2.3 STREET ADORESS	Glendale NY 11385	
CITY-ST-ZIP TITLE	GLENDALE NY 11385 D	DELETE	2.4 CHY-S1-2(F 3.1 HILE	VP/D	Change Addition
NAME	DANLER, WILLIAM	L.J Beccire	3.2 NAME	Danler, William	
STREET ADDRESS	4469 NORTH STATE ROAD	7	3.3 STHEET ADDRES	4469 North State Roa	d 7
CITY-ST ZIP	LAUDERDALE LAKES FL 333		3.4 C+TY+ST-ZIP	Lauderdale Lakes, FL	33319
TITLE		[]) DELFTE	4 1 THE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY+ST+ZIP		C3 DOLETO	4.4 CITY - ST - ZIP		Change Addition
TIFLE		☐ DELETE	5 'TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STFEET ADDRESS 5.4 City - St - ZiP		
CITY - ST - ZIP TITLE		[] DELETE	6 1 HHiF		Change Addition
NAME			6.2 NAME		<u> </u>
STREET ADDRESS			6 3 STREET ADDRESS	. [
CITY - ST - ZIP			6.4 OITY ST-ZIE		
14 Ldo hereb	codify that the information supplied v	citia this filmo is voluntarily furnish		ualify for the exemption stated in Section 119,07(3)	(k). Florida Statutes, I further

roun lessay certify that the information indicated on this annual report or suppliemental 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 an attachment with an andress.

SIGNATURE:

OFFICER OR DIRECTOR

Daytono France #