FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026934 (6)

XL-CARE AGENCY, INC. OF MARION

Principal Place of Business Maiting Address 701 BRICKELL AVE. 701 BRICKELL AVE. SUITE 3000 SUITE 3000 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 04/05/1995 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 26 59-3315324 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Ζip Country Zιρ 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name INTRASTATE, REGISTERED A CORP 701 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3000** 83 **MIAMI FL 33131** City 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 Signature, typed or protect name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition DST 1.1 TITLE TITLE NAME LOPEZ, DENNIS 1.2 NAME 2221 LEE ROAD, SUITE 15 STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DANLER, KATHLEEN 2.2 NAME 65-12 MYRTLE AVE. STREET ADDRESS 2.3 STREET ADDRESS **GLENDALE NY** CITY-ST-ZIP 2. 4 CHY - ST - ZIP DELETE Addition ☐ Change TITLE 3.1 TITLE DANLER, WILLIAM 4469 NORTH STATE ROAD 7 STREET ADDRESS 3.3 STREET ADDRESS LAUDERDALE LAKES FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 THUE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

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 suppliemental arrutal 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4/30/98

6 4 CITY-ST-ZIP

CITY-ST-ZIP