

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 # P95000028800 (7)

1. Corporation Name

AMERICARE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

2033 MAIN ST  
SUITE 600  
SARASOTA FL 34237

Mailing Address

2033 MAIN ST  
SUITE 600  
SARASOTA FL 34237



3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

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2. Principal Place of Business

21 3872 Tamiami Trail

2a. Mailing Address

26 3872 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit #E

27 Unit #E

City & State

City & State

23 Port Charlotte, FL

28 Port Charlotte, FL

Zip

Zip

24 33952

25 USA

29 33952

30 USA

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

9. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY  
2033 MAIN ST  
SUITE 600  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

ALLEN J. LEVIN

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

3440 Conway Blvd., Suite 1 A

83

84 City

Port Charlotte,

FL

85 Zip Code  
33952

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 607.0502, Florida Statutes.

SIGNATURE ALLEN J. LEVIN

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

April 24, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COFFINA, ANTHONY  
STREET ADDRESS 127 WILSON DR  
CITY-ST-ZIP HAZELTON PA 18201

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

COFFINA, ANTHONY

1.3 STREET ADDRESS

2335 Via Esplanade

1.4 CITY-ST-ZIP

Port Charlotte, FL 33950

2.1 TITLE

S/T

2.2 NAME

COFFINA, SONIA

2.3 STREET ADDRESS

2335 Via Esplanade

2.4 CITY-ST-ZIP

Port Charlotte, FL 33950

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:

ANTHONY COFFINA, President

April 25, 1996

941/627-9400

Date

Daytime Phone #

CR2E034 (12/95)