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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000033446 (2)

ASSISTANCE WITH CARE, INCORPORATED

Principal Place of Business
301 HENTHORNE DRIVE
PALM SPRINGS FL 33461

Mailing Address

301 HENTHORNE DRIVE PALM SPRINGS FL 33461-2011

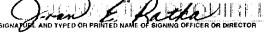
## FILED Feb 24 1997 8:00am Secretary of State



				04/24/1995	Date of Last Report 04/12/1996	
	face of Business	2a. Mailing Address		4, FEI Number	Applied For	
21 192	5 RAMSEY DRIVE	26 1925 RA	MSEY DRIVE	65-0584050	Not Applicable	
Suite, Apt #, etc. 22 2		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	E WORTH. FL	City & State 28 LAHE W	RTH. FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
7ip 24 334	Country <b>6 1 25</b>	Zip 29 33461	Country 30		s 🔲 No	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New Registe	ored Agent	
301	IKA, JOAN E HENTHORNE DRIVE JM SPRINGS FL 33461		B3 192	82 Street Address (P.O. Box Number is Not Acceptable) 1925 RAMSEY DRIVE		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	end 607.1508, Florida Statu of Florida, Such change was	tes, the above-named corr	OKE WORTH poration submits this statement for the purpo- tion's board of directors. I hereby accept the	FL 85 Zrp Code 33 4 6 1 se of changing its registered appointment as registered	
agent La SIGNATURE						
	Signature, typed or printed name of rug st-red ager		TE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIDEOTODE IN 10	
12.	OFFICERS AND	DELETE		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE		T DETELE	1.1 <b>T</b> (TLE		Cusude T vooriou	
NAME	RATKA, JOAN E		1.2 NAME	1925 RAMSEY DRIV	E	
STREET ADDRESS	301 HENTHORNE DRIVE		1.3 STREET ADDRESS	/425 KMM30 /		
City - St - 7/P	PALM SPRINGS FL 33461			LAKE WORTH, FL 334		
TITLE		☐ DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
C(1Y+S1+7)P			2. 4 CITY - ST - ZIP		·	
THLE		☐ DELÉTE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIF			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		_	
STREET ADORESS			4.3 STREET ADDRESS			
CITY-\$1.7P			4.4 CITY - ST - ZIP			
THEF		☐ DELETE	51 TITLE		Change Addition	
NAME		Last Parket	52 NAME		trans with the transfer of the	
			5.3 STREET ADDRESS			
STREET ADDRESS	•					
CITY-ST-ZIF		DELETE	5.4 CHY-SY-ZIP 6.1 TITLE		Change Addition	
TIFLE	İ				TELEPHONE LEADURED	
		f") perese				
NAME		ב_ן טנוניונ	6.2 NAME		The second second	
NAME STREET ADDRESS		E DELCTE				

If do 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 supplicancental 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 efficer 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:



2-18-97

561-586 4414