

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 06 1997 8:00 am
Secretary of State

DOCUMENT # P95000042715 (9)

1. Corporation Name
DOC-U-CARE, INC.



Principal Place of Business

5005 WEST LAUREL STREET
SUITE 105
TAMPA FL 33609

Mailing Address

5005 WEST LAUREL STREET
SUITE 105
TAMPA FL 33607-3836

2. Principal Place of Business

21 4100 West Kennedy Blvd

Suite, Apt. #, etc.

22 # 300

City & State

23 Tampa, Florida

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 4100 West Kennedy Blvd

Suite, Apt. #, etc.

27 # 300

City & State

28 Tampa, Florida

Zip

29 33609

Country

30 USA

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

07/09/1996

4. FEI Number

59-3364224

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

9. Name and Address of Current Registered Agent

KASTEN, A. CHRISTOPHER II
101 EAST KENNEDY BOULEVARD
SUITE 1240
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Jerry Keller

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

4100 West Kennedy Blvd

83

Suite # 300

84 City

Tampa

FL

85 Zip Code

33609

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

JERRY KELLER (Director)

Jerry Keller

1/31/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME DEMESA, JAMES M
STREET ADDRESS 3011 W. BAYVIEW AVE.
CITY-ST-ZIP TAMPA FL 33611

TITLE S ☐ DELETE

NAME FERNANDEZ, JOY
STREET ADDRESS 711 S OREGON AVE.
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Robert L. RADTKE

1.3 STREET ADDRESS 2066 59th Street

1.4 CITY-ST-ZIP Clearwater, Florida 34620

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME Robert Wells

2.3 STREET ADDRESS 2628 Meadows Park Way

2.4 CITY-ST-ZIP Fort Wayne, INDIANA 46825

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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:

Jerry Keller

JERRY KELLER

1/31/97

813/282-0770

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)