

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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000042715 (9)

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Principal Place of Business Mailing Address
4100 WEST KENNEDY BLVD 4100 WEST KENNEDY BLVD
#300 #300
TAMPA FL 33609 TAMPA FL 33609
US US

2. Principal Place of Business 2a. Mailing Address
21 4100 W. Kennedy Blvd. 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 300 27
City & State City & State
23 Tampa, FL 28
Zip Country Zip Country
24 33609 25 Hillsborough 29 30

9. Name and Address of Current Registered Agent

KELLER, JERRY
4100 WEST KENNEDY BLVD
STE #300
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADTKE, ROBERT	1.2 NAME	Wells, Robert
STREET ADDRESS	2066 59TH ST	1.3 STREET ADDRESS	7010 Palmdale Sq.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Ft. Wayne, IN 46804
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, JOY	2.2 NAME	Christine Gutierrez
STREET ADDRESS	711 S OREGON AVE.	2.3 STREET ADDRESS	11206 Malaga Dr.
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, ROBERT	3.2 NAME	Jerry Keller
STREET ADDRESS	2628 MEADOWS PARKWAY 7010 Palmdale Sq.	3.3 STREET ADDRESS	711 S. Oregon Ave.
CITY-ST-ZIP	FORT WAYNE IN 46804	3.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Gutierrez	4.2 NAME	
STREET ADDRESS	11206 Malaga Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 33774	4.4 CITY-ST-ZIP	
TITLE	P & CEO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Keller	5.2 NAME	
STREET ADDRESS	711 S. Oregon Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33609	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

Christine Gutierrez

1/8/98 (833) 282-0770

CR2E034 (10/97)