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

FILED
Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # P95000046292 (5)

1. Corporation Name
DOCTOR'S CARE OF STUART INC.

Principal Place of Business
~~11505 TULLAMORE ST.~~
~~TEMPLE TERRACE FL 33617~~

Mailing Address
~~11505 TULLAMORE ST.~~
~~TEMPLE TERRACE FL 33617~~

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc.: 2854 SE Federal Hwy
23 City & State: STUART FL
24 Zip: 34994
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.: 2854 SE Federal Hwy
28 City & State: STUART FL
29 Zip: 34994
30 Country: USA

4. FEI Number: 65-0589696 — ☐ 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
~~ELLIOTT, NICHOLAS~~
~~11505 TULLAMORE ST.~~
~~TEMPLE TERRACE FL 33617~~

10. Name and Address of New Registered Agent
81 Name: ELLIOTT, Paul
82 Street Address (P.O. Box Number is Not Acceptable): 2854 SE Federal HWY
83 STUART
84 City: FL
85 Zip Code: 34994

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] Date: 2/3/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Paul ELLIOTT		1.2 NAME	
STREET ADDRESS	2854 SE Federal Hwy		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	
TITLE	Sec.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Suzann ELLIOTT		2.2 NAME	
STREET ADDRESS	2854 SE Federal Hwy		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: [signature] 2/3/96 407-288-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)