

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1996-2490 B-4305 C
DIVISION OF CORPORATIONS

DOCUMENT # P95000064304 (5)

1. Corporation Name
CAP CARE OF FLORIDA, INC.



Principal Place of Business: 1208 EASTCHESTER DR. SUITE 116 HIGH POINT NC 27265
Mailing Address: 1208 EASTCHESTER DR. SUITE 116 HIGH POINT NC 27265

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0609196
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOARDMAN, THOMAS K
1400 15TH ST N, SUITE 201
IMMOKALEE FL 33934

81 Name: N/A
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		
TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	BOARDMAN, THOMAS K	
STREET ADDRESS	P O DRAWER 5250 N/A	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOARDMAN, THOMAS K	
STREET ADDRESS	P O DRAWER 5250 N/A	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronnel S. Parker	
1.3 STREET ADDRESS	1208 Eastchester Dr. Suite 116	
1.4 CITY-ST-ZIP	High Point, NC 27265	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daniel C. Greene	
2.3 STREET ADDRESS	1208 Eastchester Dr. Suite 116	
2.4 CITY-ST-ZIP	High Point, NC 27265	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phyllis P. Webb	
3.3 STREET ADDRESS	1208 Eastchester Dr. Suite 116	
3.4 CITY-ST-ZIP	High Point, NC 27265	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kenneth L. Parker	
4.3 STREET ADDRESS	1208 Eastchester Dr. Suite 116	
4.4 CITY-ST-ZIP	High Point, NC 27265	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clyde A. Parker, Jr.	
5.3 STREET ADDRESS	1208 Eastchester Dr. Suite 116	
5.4 CITY-ST-ZIP	High Point, NC 27265	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Clyde A. Parker, Jr.* Clyde A. Parker, Jr 4-3-96 910-884-4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)