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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
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 27265-3167

3. Date Incorporated or Qualified 08/18/1995
3a. Date of Last Report 04/24/1996

4. FEI Number 65-0609196
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PD	RONNEL S. PARKER	1208 EASTCHESTER DR., SUITE 116	HIGH POINT NC	<input type="checkbox"/> DELETE			
SD	DANIEL C. GREENE	1208 EASTCHESTER DRIVE, SUITE 116	HIGH POINT NC	<input type="checkbox"/> DELETE			
D	PHILLIS P. WEBB	1208 EASTCHESTER DRIVE., SUITE 116	HIGH POINT NC	<input type="checkbox"/> DELETE			
D	KENNETH L PARKER	1208 EASTCHESTER DRIVE, SUITE 116	HIGH POINT N	<input type="checkbox"/> DELETE			
D	CLYDE A. PARKER, JR.	1208 EASTCHESTER DRIVE, SUITE 116	HIGH POINT N	<input type="checkbox"/> DELETE			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
Daytime Phone #

CR2E034 (9/96)