

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

DOCUMENT # P95000087088 (7)

1. Corporation Name

ANGEL CARE, INCORPORATED

Principal Place of Business

3765 NORTH YOUNG PARKWAY
ORLANDO FL 32804

Mailing Address

3765 NORTH YOUNG PARKWAY
ORLANDO FL 32804



3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 3765 NORTH JOHN YOUNG
PARKWAY

2a. Mailing Address

26 3765 N. JOHN YOUNG PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

27 City & State

28 ORLANDO, FL

24 Zip

32804

25 Country

U.S.A.

29 Zip

32804

30 Country

U.S.A.

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

LEE, WO Y
3765 NORTH YOUNG PARKWAY
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

LEE, WO YEN

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

3765 NORTH JOHN YOUNG PKWY

83

84 City

ORLANDO

FL

85 Zip Code

32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]

WO YEN LEE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEE, WO Y	
STREET ADDRESS	5100 CHERRY TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	STD	☐ DELETE
NAME	LEE, ROSA CHEN S	
STREET ADDRESS	5100 CHERRY TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

600001866888
-06/19/96--01041--027
***200.00

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 supplementary 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WO YEN LEE

4-29-96

(407)
292-7500

CR2E034 (12/95)