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Jul 02 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 # P96000015611 (2)

1. Corporation Name

CARE AMERICA INTEGRATED HEALTH SERVICES, INC.



Principal Place of Business

% ROBERT B. HAGGOU
340 N. SPAULDING COVE
HEATHROW FL 32746

Mailing Address

% ROBERT B. HAGGOU
340 N. SPAULDING COVE
HEATHROW FL 32746-4323

3. Date Incorporated or Qualified

02/20/1986

3a. Date of Last Report

4. FEI Number

59-3362755

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

21 210 N. WESTMONT DR

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1002

Suite, Apt. #, etc.

27 Suite 1002

City & State

23 Altamonte Springs, FL

City & State

28 Altamonte Springs, FL

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

9. Name and Address of Current Registered Agent

HAGGOU, ROBERT B
340 N. SPAULDING COVE
HEATHROW FL 32746

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 607.1504, 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)

4/5/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAGGOU, ROBERT B
STREET ADDRESS 340 N. SPAULDING COVE
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ DELETE

NAME HAGGOU, HUSHANG
STREET ADDRESS 619 MORGAN STREET
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

11 TITLE ☒ Change ☐ Addition

12 NAME P/D HAGGOU, Robert B
13 STREET ADDRESS 340 N. SPAULDING COVE
14 CITY-ST-ZIP HEATHROW, FL 32746

21 TITLE ☒ Change ☐ Addition

22 NAME S/T/D HAGGOU, HUSHANG
23 STREET ADDRESS 619 Morgan ST
24 CITY-ST-ZIP Winter Springs, FL 32708

31 TITLE ☐ Change ☒ Addition

32 NAME V/D MICHAEL J. MAYER
33 STREET ADDRESS 824 CAMARCO WAY Apt 101
34 CITY-ST-ZIP Altamonte Springs, FL 32714

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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

4/5/97

CR2E034 (9/96)