

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90209 049 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015611

1. Corporation Name
CARE AMERICA A.I.C., INC.

Principal Place of Business
**210 N. WESTMONT DR
SUITE 1002
ALAMONTE SPRINGS FL 32714
US**

Mailing Address
**210 N WESTMONT DR
SUITE 1002
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 210 N. WESTMONT DR

2a. Mailing Address

26 210 N. WESTMONT DR

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

Zip

29 32714

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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 **CFOS** ☒ DELETE
NAME **KOBIRIN, ARTHUR**
STREET ADDRESS **1903 S CONGRESS AVE 400**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **PD** ☒ DELETE
NAME **PERSHES, PAUL**
STREET ADDRESS **1903 S CONGRESS AVE 400**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **CEO** ☐ DELETE
NAME **HAGHGOU, ROBERT B**
STREET ADDRESS **340 N SPAULDING COVE**
CITY-ST-ZIP **HEATHROW FL**

TITLE **EVP** ☒ DELETE
NAME **MAYER, MICHAEL J**
STREET ADDRESS **824 CAMARGO WAY APT 101**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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 **SEC/TREASURER** ☐ Change ☒ Addition
1.2 NAME **HUSHANG HAGHGOU**
1.3 STREET ADDRESS **210 N. WESTMONT DR. STE 1002**
1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT HAGHGOU 2/2/99 (407) 665-7020

CR2E034 (11/98)