

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90103 012 \*\*\*158.75

DOCUMENT # P96000048580

1. Corporation Name  
AMBUCARE, INC.

Principal Place of Business  
4927 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33351

Mailing Address  
4927 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33351



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/07/1996

4. FEI Number  
65-0679930

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4927 N. University Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

23 Lauderhill FL

27 City & State

28 City & State

24 Zip Country

24 33322

29 Zip Country

29 33322

9. Name and Address of Current Registered Agent

WAGNER, STEVEN A.P.A.  
633 S.E. THIRD AVENUE  
SUITE 302  
FT. LAUDERDALE FL 33301

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 *Steven A.P.A. Wagner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOUDREAUX, LARRY  
STREET ADDRESS 1400 NORTHWEST 99TH COURT  
CITY-ST-ZIP PLANTATION FL 33351

TITLE VP  
NAME KNOWLES, GREGORY  
STREET ADDRESS 3300 N.E. 191ST STREET, #LP13  
CITY-ST-ZIP AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sec / Tres  
1.2 NAME Debbie Boudreaux  
1.3 STREET ADDRESS 1400 NW. 99th Ave  
1.4 CITY-ST-ZIP Plantation, FL 33322

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: *Larry Boudreaux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

954-747-6286

Daytime Phone #

CR2E034 (1/198)