

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  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90041 049 \*\*\*150.00

DOCUMENT # P96000052129

1. Corporation Name  
CARE PLUS, INC.

Principal Place of Business  
3322 MANATEE AVE WEST  
BRADENTON FL 34205

Mailing Address  
3322 MANATEE AVE WEST  
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/19/1996

4. FEI Number  
65-0733970

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

2a. Mailing Address

21 3825 26th St. W.

26 3825 26th St. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Bradenton, FL

28 Bradenton, FL

24 34205 25 USA

29 34205 30 USA

9. Name and Address of Current Registered Agent

GARLUCK, PAUL  
3322 MANATEE AVE WEST  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Paul Garlick  
82 Street Address (P.O. Box Number Not Acceptable)  
3825 26th St. W.  
83  
84 City Bradenton, FL FL 85 Zip Code 34205

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 D ☐ DELETE

NAME GARLUCK, PAUL  
STREET ADDRESS 3322 MANATEE AVE WEST  
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME GARLUCK, KATHRYN  
STREET ADDRESS 3322 MANATEE AVE WEST  
CITY-ST-ZIP BRADENTON FL

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 Paul Garlick  
1.3 STREET ADDRESS 90 Michiana Dr.  
1.4 CITY-ST-ZIP P.O. Box 495  
Terra Ceia, FL 34250

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Kathryn Garlick  
2.3 STREET ADDRESS 90 Michiana Dr.  
2.4 CITY-ST-ZIP P.O. Box 495  
Terra Ceia, FL 34250

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:

Kathryn Garlick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12/99

941-751-2626

Date Daytime Phone #

CR2E034 (1/98)

0465364