

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079335 (1)

1. Corporation Name

CONVA CARE HOME HEALTH, INC. HAS BEEN CHANGED
TO PROVIDER CARE, INC 3-20-98

Principal Place of Business

5950 N.W. 72ND COURT
PARKLAND FL 33067

Mailing Address

5950 N.W. 72ND COURT
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5950 NW 72nd Ct

Suite, Apt. #, etc.

22 City & State

23 PARKLAND, FL

24 Zip

33067

Country

25 Broward

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

33067

Country

29

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

65-0708707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

METAYER, PAULETTE J
5950 N.W. 72ND COURT
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

PAULETTE J METAYER

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

5950 NW 72 COURT

83

84 City

PARKLAND

FL

85 Zip Code

33067

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

Jimmy Metayer

(Signature of registered agent or authorized officer of corporation)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME METAYER, PAULA
STREET ADDRESS 5950 N.W. 72ND CT.
CITY-ST-ZIP PARKLAND FL

TITLE VP ☐ DELETE

NAME METAYER, M. KASSANDRA
STREET ADDRESS 5950 N.W. 72ND CT.
CITY-ST-ZIP PARKLAND FL

TITLE SECRETARY/TREASURER ☐ DELETE

NAME Jimmy Metayer
STREET ADDRESS 5950 NW 72nd Ct
CITY-ST-ZIP PARKLAND 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

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

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.

SIGNATURE (Jimmy Metayer) PAULA A METAYER PRESIDENT

CR2E034 (10/97)