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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000092580 (5)

1. Corporation Name

CARELINK MANAGEMENT, INC.

Principal Place of Business

1059 MAITLAND CTR COMMONS  
MAITLAND FL 32751  
US

Mailing Address

1059 MAITLAND CTR COMMONS  
MAITLAND FL 32751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

59-3415348

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

BOGNER, JAMES B  
225 EAST ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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  
NAME HARRELL, ROBERT B  
STREET ADDRESS 1414 KUHLE AVENUE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D  
NAME HILLENMEYER, JOHN W  
STREET ADDRESS 1414 KUHLE AVENUE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D  
NAME COWLEY, EDWARD W  
STREET ADDRESS 1414 KUHLE AVENUE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D  
NAME SINGLETON, GARRY J  
STREET ADDRESS 1059 MAITLAND CENTER COMMONS  
CITY-ST-ZIP MAITLAND FL

TITLE V  
NAME FULBRIGHT, JOAN  
STREET ADDRESS 1059 MAITLAND CENTER COMMONS  
CITY-ST-ZIP MAITLAND FL

TITLE V  
NAME DEPEW, DOUG  
STREET ADDRESS 1059 MAITLAND CENTER COMMONS  
CITY-ST-ZIP MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIP  
1.2 NAME John W. Bozard  
1.3 STREET ADDRESS 1414 Kuhl Avenue  
1.4 CITY-ST-ZIP Orlando, FL 32806

2.1 TITLE V  
2.2 NAME Karl Hodges  
2.3 STREET ADDRESS 1414 Kuhl Avenue  
2.4 CITY-ST-ZIP Orlando, FL 32806

3.1 TITLE V  
3.2 NAME John G. Hassab  
3.3 STREET ADDRESS 1059 Maitland Center Commons  
3.4 CITY-ST-ZIP Maitland, FL 32751

4.1 TITLE V  
4.2 NAME Robert Rowland  
4.3 STREET ADDRESS 1059 Maitland Center Commons  
4.4 CITY-ST-ZIP Maitland, FL 32751

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.

SIGNATURE: *[Signature]*

4-26-98 407-247-9888 EXT 311

CR2E034 (10/97)