

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90065 004 \*\*\*150.00

DOCUMENT # P96000092580

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  
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

Suite, Apt. #, etc.

600 Courtland St. Suite 100

City & State

Orlando, FL

Zip Country

32804

2a. Mailing Address

26

Suite, Apt. #, etc.

600 Courtland St. Suite 100

City & State

Orlando FL

Zip Country

32804

30

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

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

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

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

TITLE DP ☒ DELETE  
NAME BOZARD, JOHN W.  
STREET ADDRESS 1414 KUHLE AVE  
CITY-STATE-ZIP ORLANDO FL 32806

TITLE V ☐ DELETE  
NAME HODGES, KARL  
STREET ADDRESS 1414 KUHLE AVENUE  
CITY-STATE-ZIP ORLANDO FL 32806

TITLE V ☐ DELETE  
NAME KASSAB, JOHN G.  
STREET ADDRESS 1059 MAITLAND CENTER COMMONS  
CITY-STATE-ZIP MAITLAND FL 32751

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DIP  
Shannon Elswick  
600 Courtland St. #100  
Orlando FL 32804

V/T  
Kassab, John G.  
600 Courtland St. #100  
Orlando FL 32804

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:

John G. Kassab

4-20-99

Date

407-975-2202

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

0075686