

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

FILED

Apr 29 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 # P97000020850 (8)

1. Corporation Name

VALLACARE HEALTH SERVICES, INC.

Principal Place of Business

232 LIDO DRIVE  
PUNTA GORDA FL 33950

Mailing Address

232 LIDO DRIVE  
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

05-0752584

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 227 TAYLOR ST.

26 227 TAYLOR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PUNTA GORDA, FLORIDA

28 PUNTA GORDA, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

33950

U.S.A.

33950

U.S.A.

9. Name and Address of Current Registered Agent

ABBOTT, ELIOT C  
201 S BISCAYNE BLVD STE 1970  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Mike Horner

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

222 RESAIT ST.

83

84 City

PUNTA GORDA, FL

85 Zip Code

33950

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

Mike Horner MIKE HORNER

4/4/98

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 ☐ DELETE

NAME D  
RIVERO, JEANETTE  
STREET ADDRESS 232 LIDO DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

VP  
VALLADARES, JEANETTE  
227 TAYLOR ST.  
PUNTA GORDA, FL 33950

2.1 TITLE ☐ Change ☒ Addition

P  
VALLADARES, BLANCA  
227 TAYLOR ST.  
PUNTA GORDA, FL 33950

3.1 TITLE ☐ Change ☒ Addition

S  
VALLADARES, IRETTE  
227 TAYLOR ST.  
PUNTA GORDA, FL 33950

4.1 TITLE ☐ Change ☒ Addition

T  
ACHKAR, AMIN  
227 TAYLOR ST.  
PUNTA GORDA, FL 33950

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:

Blanca Valladares 4/30/98 941-575-1333

CR2E034 (10/97)