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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra & Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000029432 (6) DOCUMENT

THE CARING SOLUTION OF SOUTH FLORIDA, INC.	
Principal Place of Business	Mailing Address
2400 SO FEDERAL HIGHWAY STE 400 STUART FL 34994	2400 SO FEDERAL HIGHWAY STE 400 STUART FL 34994
2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2	27
	

FILED May 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Properly Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MENKHAUS, DAVID J ESQ. 4800 NO FEDERAL HIGHWAY STE 210 A Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431-5176** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition TITLE 11 HILLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZiP 1.4 CITY- \$1-ZIP Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 Cilly - S1 - ZIP DELETE ☐ Addition TITLE 3.1 (01) 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(TY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 supplimental 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 conjugation of the receiver or trustee empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in