

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90034 039 ***150.00

DOCUMENT # P97000091239

1. Corporation Name

INFORMED CARE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2132 WOODBRIDGE LOOP
LONGWOOD FL 32779

2132 WOODBRIDGE LOOP
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

59-3498294

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMAN, BARRY
2132 WOODBRIDGE LOOP
LONGWOOD FL 32779

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHMAN, BARRY	
STREET ADDRESS	2132 WOODBRIDGE LOOP	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEROUAC, MICHAEL	
STREET ADDRESS	1074 AMBER RIDGE RD.	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	MATTHEW GILLO	
STREET ADDRESS	645 Vetchella Way Suite 107	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEORGE P. TREMBLAY	
STREET ADDRESS	1731 Valley Forge Ave	
CITY-ST-ZIP	FT. COLLINS, CO 80520	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Matthew Gillo	
1.3 STREET ADDRESS	645 Vetchella Way Suite 107	
1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George P Tremblay	
2.3 STREET ADDRESS	1731 Valley Forge Ave	
2.4 CITY-ST-ZIP	ft Collins CO 80520	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark Peter	
3.3 STREET ADDRESS	209 Wild Creek Ct	
3.4 CITY-ST-ZIP	Longwood, FL 32779	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carl George	
4.3 STREET ADDRESS	301 4th Ave Suite 800	
4.4 CITY-ST-ZIP	Minneapolis, MN 55415	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph Rowell	
5.3 STREET ADDRESS	5703 Butler Ridge Dr	
5.4 CITY-ST-ZIP	Windermere FL 34786	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert G. Gillo	
6.3 STREET ADDRESS	2141 Waterford Rd	
6.4 CITY-ST-ZIP	Lancaster, PA	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph C Rowell

5-1-99

CR2E034 (1/98)

045021-70007-39
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Informed Care Solutions, Inc.
Box 13 (Additional Names)

D
Dual B. Cooper, Jr.
PO Box 96807
Las Vegas, NV 89193-6807

D
Franklin Pierce Smith, III
1355 North Atlantic Avenue, FA-30
PO Box 320220
Cocoa Beach, FL 32932-0220

D
Alan Rubin, Ph.D.
11400 Rockville Pike
Bethesda, MD 20814