

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V23547

(5)

1. Corporation Name

COM-CARE, INC.

Principal Place of Business

1881 N.E. 26TH STREET
SUITE 236
WILTON MANORS FL 33305
US

Mailing Address

1881 N.E. 26TH STREET
SUITE 236
WILTON MANORS FL 33305
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1992

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0326563

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 has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BILODEAU, MICHAEL
5100 N.W. 54TH STREET
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name

MARK S MUCCI ESQ

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

1 Financial Plaza #1600

83 City

Fort Lauderdale FL

85 Zip Code
33304

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

X Mark S Mucci - MARK S MUCCI

6/15/95

(Signature, type, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	BILODEAU, MICHAEL	5100 NW 54TH STREET	COCONUT CREEK FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
C.F.O	DAVID M. BERGER	2955 BURBOYNE LANE	WEST PALM BEACH, FL 33409
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
DIRECTOR	MARK MUCCI ESQ	One Financial Plaza #1600	FT Lauderdale FL 33304
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

David M. Berger

6/7/95

305/528-3400

(Signature and typed or printed name of signing officer or director)