FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25825 (3)

1. Corporate Name

WEE CARE OF PASCO, INC.

Principal Place of Business:
12212 FT KING ROAD
DADE CITY FL 33525
US

Mailing Address:
12212 FT KING RD
DADE CITY FL 33525
US

3. Date Incorporated or Qualified: 03/30/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3116446

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. The corporation has liability for intangible tax under S. 199.102 Florida Statutes: ✓ Yes

9. Name and Address of Current Registered Agent

AUVIL, JON L.
301 E. MERIDIAN AVE.
SUITE 314
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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 617.0502, 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 sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
GILBERTSON, MAUREEN
306 BELLEVIEW AVE.
TEMPLE TERRACE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on the 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: Maureen O. Gilbertson [signature] 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

523-0095

0206310 CP