

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V39118 (7)
1. Corporation Name
XL-CARE AGENCY, INC. OF BROWARD



Principal Place of Business Mailing Address
701 BRICKELL AVE. 701 BRICKELL AVENUE
SUITE 3000 SUITE 3000
MIAMI FL 33131 MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 05/27/1992 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 65-0336440 | |
| 24 Country | | 30 Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

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 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 DANLER, KATHLEEN <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P-S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANLER, KATHLEEN | 1.2 NAME | Danler, Kathleen |
| STREET ADDRESS | 4469 N. STATE RD. 7 | 1.3 STREET ADDRESS | 2699 Lee Road, Ste. 500 |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | 1.4 CITY-ST-ZIP | Winter Park, FL 32789 |
| TITLE | D DANLER, WILLIAM <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANLER, WILLIAM | 2.2 NAME | Danler, William |
| STREET ADDRESS | 4469 N. STATE RD. 7 | 2.3 STREET ADDRESS | 2699 Lee Road, Ste. 500 |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | 2.4 CITY-ST-ZIP | Winter Park, FL 32789 |
| TITLE | ST LOPEZ, DENNIS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOPEZ, DENNIS | 3.2 NAME | Leiti, John |
| STREET ADDRESS | 2699 LEE RD., STE. 500 | 3.3 STREET ADDRESS | 2699 Lee Road, Ste. 500 |
| CITY-ST-ZIP | WINTER PARK FL | 3.4 CITY-ST-ZIP | Winter Park, FL 32789 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Blessing, Perry |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2699 Lee Road, Ste. 500 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Winter Park, FL 32789 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

CR2E034 (10/97)