

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 # V39121 (1)

1. Corporation Name

XL-CARE AGENCY, INC. OF WINTER PARK

Principal Place of Business

Mailing Address

2221 LEE ROAD
STE 15
WINTER PARK FL 32789
US

701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1992

4. FEI Number

59-3125915

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
NAME DANLER, KATHLEEN
STREET ADDRESS 7 STEPPING STONE CRESCENT
CITY-ST-ZIP DIX HILLS NY ☒ DELETE

1.1 TITLE P
1.2 NAME Danler, Kathleen
1.3 STREET ADDRESS 2699 Lee Road, Ste. 500
1.4 CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE VD
NAME DANLER, WILLIAM
STREET ADDRESS 1080 NW 95TH AVE.
CITY-ST-ZIP PLANTATION FL ☒ DELETE

2.1 TITLE VP
2.2 NAME Danler, William
2.3 STREET ADDRESS 2699 Lee Road, Ste. 500
2.4 CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE STM
NAME LOPEZ, DENNIS
STREET ADDRESS 9262 WICKHAM WAY
CITY-ST-ZIP ORLANDO FL 32836 ☒ DELETE

3.1 TITLE ST
3.2 NAME Lopez, Dennis
3.3 STREET ADDRESS 2699 Lee Road, Ste. 500
3.4 CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE D
4.2 NAME Leiti, John
4.3 STREET ADDRESS 2699 Lee Road, Ste. 500
4.4 CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D
5.2 NAME Blessing, Perry
5.3 STREET ADDRESS 2699 Lee Road, Ste. 500
5.4 CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)