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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V39128 1. Corporation Name

XL-CARE AGENCY, INC. OF ORANGE

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business	Mailing Address					
2221 Lee Rd.	701 Bricke	ll Ave	•			
Suite 15	Suite 3000					
Winter Park, FL 32789 Miami, FL 33131			3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1995			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied	
701 Brickell Ave.	26			59-3125915	Not App	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additi	
22 Suite 3000	City & State			6. Election Campaign Financing	\$5.00 May	Ве
City & State 23 Fliani, FL	28			Trust Fund Contribution	Added to Fe	
	Zip	Count	ry	8. This corporation has liability for		032.
Zip 33131 Country	29	30		Florida Statutes Yes		
9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	legistered Agent	
INTRASTATE REGISTERED A	GENT CORPORA	TION 8	11 Name			
701 Brickell Ave.			2 Street Add	ress (P.O. Box Number is Not Accepta	able,	
Suite 3000		\\\\				
Miami, FL 33131		8	13			
		Ë	34 City		FL 85 Zip Code	2
11. Pursuant to the provisions of Sections 607 0500				- the shorts this statement for the	nurcese of changing its rec	istered
 Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State agent it am familiar with, and accept the obligation. 	ations of Section 607.0505.	Florida Statu	ies			
SIGNATURE *	nl and title if applicable (N	Off Registered A		ared when reinstating)	I = 16	
SIGNATURE Signature hyped or printed name of registered age		Off Hogistered /		ured when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN	I 12
SIGNATURE Signature Typed or printed name of registered age			Agent signature réqu	ured when renstating) ADDITIONS/CHANGES TO OFF	FICEPS AND DIRECTORS IN	1 12 Addition
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall also the same legal chiral 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 Statumater my name appears in Block 12 or Brock 13 if changed on an attachment with an address

SIGNATURE: 🗡

IGNING OFFICER OR DIRECTOR