

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

FILED

May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V39128 (6)**  
 1. Corporation Name  
**XL-CARE AGENCY, INC. OF ORANGE**



Principal Place of Business <b>2221 LEE RD. STE 15 WINTER PARK FL 32789 US</b>		Mailing Address <b>701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131-2847 US</b>		3. Date Incorporated or Qualified <b>05/27/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>59-3126916</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>DANLER, KATHLEEN</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>7 STEPPING STONE CRESCENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>7 STEPPING STONE CRESCENT</b>	<b>DANLER, WILLIAM</b> <input type="checkbox"/> DELETE	1.2 NAME <b>DIX HILLS NY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>VD</b>	<b>1060 NW 95TH AVE.</b>	1.3 STREET ADDRESS <b>PLANTATION FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>STM</b>	<b>LOPEZ, DENNIS</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>9282 WICKHAM WAY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ORLANDO FL 32838</b>	2.1 TITLE <b>4.1 TITLE</b>	2.2 NAME <b>4.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4.3 STREET ADDRESS</b>	2.3 STREET ADDRESS <b>4.4 CITY-ST-ZIP</b>	2.4 CITY-ST-ZIP <b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>5.2 NAME</b>	3.1 TITLE <b>5.3 STREET ADDRESS</b>	3.2 NAME <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6.1 TITLE</b>	3.3 STREET ADDRESS <b>6.2 NAME</b>	3.4 CITY-ST-ZIP <b>6.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>6.4 CITY-ST-ZIP</b>	4.1 TITLE <b>6.4 CITY-ST-ZIP</b>	4.2 NAME <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Dennis Lopez 4-29-97 407-647-5847  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0172000

CR2E034 (9/96)