

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V43748 (5)

1. Corporation Name  
CARING ASSOCIATES, INCORPORATED

Principal Place of Business

1635 S BAYSHORE DR  
COCONUT GROVE  
MIAMI FL 33133

Mailing Address

1635 S BAYSHORE DR  
COCONUT GROVE  
MIAMI FL 33133-4213



2. Principal Place of Business

21 2414 Coral Way  
Suite, Apt. #, etc.

22 City & State  
MIAMI, FL

23 Zip  
33145

Country

25 DADE

2a. Mailing Address

26 2414 CORAL Way  
Suite, Apt. #, etc.

27 City & State  
MIAMI, FL

28 Zip  
33145

Country

30 DADE

3. Date Incorporated or Qualified  
06/12/1992

3a. Date of Last Report  
03/19/1996

4. FEI Number  
65-0339466

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRUTHERS, JOHN C.  
1635 S BAYSHORE DR  
COCONUT GROVE  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
CARRUTHERS, John C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2414 CORAL Way  
83  
84 City  
MIAMI FL 85 Zip Code  
33145

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

4-25-97

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
CARRUTHERS, RUTH P.  
1635 S BAYSHORE DR  
MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HAGUE, MARY JANE  
1635 S BAYSHORE DR  
MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
VPD  
CARRUTHERS, Ruth P.  
7120 MIRA FLORES AVE.  
Coral Gables, FL 33143 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

CR2E034 (9/96)