**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # V51763

1. Corporation Name
KIND CARE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2435 US 19 N. Suite 301<br>Holiday, Fl. 34691 | 2435 U.S. 19 N Suite 301<br>Holiday, Fl. 34691 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07-17-1992
3a. Date of Last Report: 4-26-94

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2435 U.S 19 N. | 26 2435 US. 19 N. |
| Suite, Apt. #, etc<br>22 SUITE 301 | Suite, Apt. #, etc<br>27 SUITE 301 |
| City & State<br>23 Holiday Fl. PASCO | City & State<br>28 HolidAY Fl. |
| Zip / Country<br>24 34691 / 25 PASCO | Zip / Country<br>29 34691 / 30 PASCO |

4. FEI Number: 59-3134920 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| DOMILICI, WILCEWT<br>5006 SUNSET Blvd.<br>PORT Richey, Fl. 34668 | 81 Name: JOSEPH M. ANDRUSZKIEWICZ<br>82 Street Address (P.O. Box Number is Not Acceptable): 2435 US 19 N. SUITE 301<br>83<br>84 City: Holiday FL 85 Zip Code: 34691 |

11. Pursuant to the provisions of Section 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] 4-12-95
(Signature, typed or printed name of registered agent, and title if agent is a corporation) (Required) Agent signature required when reinstating (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE P/D | President / DIR. | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Rose Cuzzo | 12 NAME | |
| STREET ADDRESS | 8203 Fox Hollow DR | 13 STREET ADDRESS | |
| CITY ST ZIP | Port Richey Fl. 34668 | 14 CITY ST ZIP | |
| TITLE V/D | VICE President / DIR. | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JOSEPH M. ANDRUSZKIEWICZ | 22 NAME | |
| STREET ADDRESS | 1726 Holiday DR. | 23 STREET ADDRESS | |
| CITY ST ZIP | Holiday, Fl. 34691 | 24 CITY ST ZIP | |
| TITLE V/D | VICE President / DIR. | 31 TITLE | ☐ Change ☐ Addition |
| NAME | RALPH P. Ippolito | 32 NAME | |
| STREET ADDRESS | 9222 RUSER DR. | 33 STREET ADDRESS | |
| CITY ST ZIP | New Port Richey Fl 34655 | 34 CITY ST ZIP | |
| TITLE T/S | TREASURER / SECRETARY | 41 TITLE | ☐ Change ☐ Addition |
| NAME | Robert D. Everding | 42 NAME | |
| STREET ADDRESS | 9104 SACRAMENTO Drive | 43 STREET ADDRESS | |
| CITY ST ZIP | New Port Richey, FL 34655 | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

**SIGNATURE:** [signature] 4-12-95 813-942-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #