

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V53525 (4)
1. Corporation Name
WILCARE, INC.



Principal Place of Business
**9001 TAMiami TRAIL EAST
NAPLES FL 33962**

Mailing Address
**209 N BEAVER ST
PO BOX 5047
YORK PA 17504
US**

3. Date Incorporated or Qualified
07/28/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
23-1668023

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, CAROL R.
600 FIFTH AVENUE SOUTH
SUITE 210
NAPLES FL 33940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	MCCORMACK, WEBSTER J.	
STREET ADDRESS	200 N BEAVER ST	
CITY-ST-ZIP	YORK PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, RAY A.	
STREET ADDRESS	209 N BEAVER ST	
CITY-ST-ZIP	YORK PA	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	MYERS, RONALD E	
STREET ADDRESS	209 N BEAVER ST	
CITY-ST-ZIP	YORK PA	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MCCORMACK, D. J	
STREET ADDRESS	209 N BEAVER ST	
CITY-ST-ZIP	YORK PA	
TITLE	AVST	<input type="checkbox"/> DELETE
NAME	BRICKER, RICHARD W.	
STREET ADDRESS	209 N BEAVER ST	
CITY-ST-ZIP	YORK PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHILL, LLOYD D	
STREET ADDRESS	209 N BEAVER ST	
CITY-ST-ZIP	YORK PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Richard W. Bricker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

717-854-7857
Date: Daytime Phone #

CR2E034 (12/95)