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FILED

May 02 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 # 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 17405-5047  
US



3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

23-1668023

Applied For

Not Applicable

6. 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard W. Bricker*

2/5/97

717-854-7857