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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(4)

CARE STAT OF COLORADO, INC.

Principal Place of Business				Mailing Address								
13952 DENVER W PKWY STE 320 GOLDEN CO 80401 US				270 S. NORTHLAKE BLVD. SUITE 1000 ALTAMONTE SPRINGS FL 32701								
									Date Incorporated or Qualified 08/18/1992		of Last Report 5/26/1995	
2.	Principal Place of Busin	ess	2a.	Mailing Address				4.	FEI Number		Applied For	
1	ก์							84-1209651		Not Applicable		
2	Suite, Apt. #, etc			Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
3	City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
4	Zφ	Country 25	29	Zip	Country 30			8.	This corporation has liability for in Florida Statutes Yes		runder's 199.032,	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
LEWIS, ROBERT E. 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602						81	Name					
						82	Street Address (P.O. Box Number is Not Acceptable)					
						83						
IMMFA FL 33002							City			FL	85 Zip Code	
11									submits this statement for the pur			

or registered agent, or both, in the State of Florida, Such change was authorized familiar with land accept the obligations of Section 607 0505. Florida Statutes

IGN I HINGH WYILI	i, and accept the doligations of, dection our	.0300, Florida Stationes	.		
SIGNATUR P	Signature, types or pointed name of registered agent and title. I	applicable (NC	OTE: Registered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND DIRE		13.		FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		Change Addition
NAME	POWERS, TIMOTHY J.		1.2 NAME		
STREET ADDRESS	270 S. NORTHLAKE BLVD.		1.3 STREET ADDRESS		
City-St-ZIP	ALTAMONTE SPRGS. FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2. 1 TITLE		Change Addition
NAME	POWERS, KEVIN C.		· 22 NAME		
STREET ADDRESS	270 S. NORTHLAKE BLVD.		2.3 STREET ADDRESS	•	
DITY-ST-ZIP	ALTAMONTE SPRGS. FL		2 4 CITY-ST-ZIP		
THTLE	D	□ DELETE	3. 1 TITLE		Change Addition
NAME	MILLER, ANDREW W.		3.2 NAME	•	
STREET ADDRESS	270 S. NORTHLAKE BLVD.		3.3 STREET ADDRESS		
C(TY-ST-Z)P	ALTAMONTE SPRGS. FL		3.4 CITY - ST - ZIP		•
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY- \$1-ZIP		
TITLE		☐ DELETE	5. 1 TITLE	4000018	Cange Addition
NAME			5.2 NAME	400001 8: -05/23/3601	009047
STREET ADDRESS			5.3 STREET ADDRESS	***200,00	16
CITY - ST - ZIP			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	6. 1 TITLE		Grange Astrition
NAMÉ			6.2 NAME		1 2010
STREET ADDRESS			6.3 STREET ADORESS	•	
CITY CT 710			SIC TO VIOLS		, '

14. I do hereby certify that the information supplied with this filing is poluntarily 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 suppliemental 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 comoration 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 adaptment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)660-5040