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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # v62070

FILED Apr 29 1998 8:00am Secretary of State

| Community Care Associates, Inc. | | | | | : | | ; |
|---|---|--|---|---|--|--|--------------------------------|
| Principal Pla | ce of Business | Mailing Address | | | - | | |
| | | | | | DO NOT WRIT | E IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | | |
| | District of the second of the | | | | 9/4/92 | | |
| 2. Principal Place of Business 21 2351 W. Eau Gallie Blvd. 26 2351 W. Eau | | | . 0-114 | . m11 | 4. FEI Number | t- | Applied For |
| | 21 2351 W. Eau Gallie Blvd. 26 2351 W. Eau Suite Apt #, etc. Suite, Apt #, etc. | | | e Brag. | 59-3147106 | | Not Applicable |
| Suite 1 27 Suite 1 | | | | | 5. Certificate of Status Desired | | Additional Required |
| City & State City & Sta | | | . - | | 6. Election Campaign Financing | | |
| , ' | ourne, FL. | Melbourne, FL | | | Trust Fund Contribution | | O May Be |
| Žip | Country | Zip | Countr | У | 8. This corporation owes or has p | | |
| 24 32935 | USA | 29 32935 | 30 USA | | Personal Property Tax due June | | No No |
| | 9. Name and Address of Current | | | | 10. Name and Address of New R | | _ |
| | _ | | 81 | Name | | | |
| Cooper, Minton F. | | | | Street Addr | ess (P.O. Box Number is Not Accepta | hie) | |
| 2351 W. Eau Gallie Blvd. | | | | 0 | ooo (i.g. box italibor ia ital Accopia | 5.6) | |
| Şuite 1 | | | | 3 | | | |
| Melb | ourne, FL 32935 | | 84 | City | | Jac 1 2 | . Co.d. 1 |
| | | | 1. | 1 ' ' | | - FL | Code |
| office or agent. I a | to the provisions of Sections 607 0502 registered agent, or both, in the State o am familiar with, and accept the obligation | and 607.1508, Florida Statuti Florida. Such change was a ons of, Section 607.0505, Flo | es, the abov authorized b orida Statute | re-named corp y the corporati is. | oration submits this statement for the on's board of directors. I hereby acce | purpose of changing at the appointment as | its registered s registered |
| SIGNATURE | Signature, typed or prefed name of registered agent | and the diapplicable (NO1) | Hegistered Ag | ent signature require | ed when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTO | DRS IN 12 |
| TITLE | DP DELETE | | 1.1 1II LE | | | ☐ Change | Addition |
| NAME | Cooper, Minton F. | | 1.2 NAME | | | | ĺ |
| STREET ADDRESS 290 Marlin Place | | | 1.3 STREET ADDRESS | | | | |
| CITY-SY-ZIP | SI-ZIP Malbourne Roach Ft 32951 | | | ST-ZIP | | | |
| TITLE | ST DELETE | | 2.1 1/1LE | | | ☐ Change | Addition |
| NAME | rat 1 1 1 | | 2 2 NAME | | | | 1 |
| STREET ADDRESS | 3400 C Venters City 81 3 | | 2.3 STREET ADDRESS | | | | 1 |
| CITY-ST-ZIP TITLE | | | 2 4 City-ST-7iP | | | | 1.1192 |
| NAME | DV 32901 DELETE | | 3 1 TITLE | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | Wasen William W. TV | | 3.2 NAME | | | | ľ |
| == | loor ru | | 3 3 STREET | | | | l |
| CITY-ST-ZIP TITLE | | | 3.4. CHY- | 21-511. | | Change | Addition |
| NAME | Limitatancie, FD 329 | المانان في | 4. 2 NAME | | | ☐ Change | - Munition |
| STREET ADDRESS | | | 4.2 NAME | | | | |
| CITY-ST-ZIP | | | 4.3 STREET | i | | 1 | _ |
| TITLE | | | 5.1 TITLE | DI-ZIF | | Change | Addition |
| NAME | l i | | 5 2 NAME |] | | 15 | / /- , |
| STREET ADDRESS | | | 5.3 STREET | AODRESS | | S# \// | 120 |
| CITY-ST-ZIP | 1 | | 5 4 City S | - 1 | | 11 14/ | メ ア |
| TITLE | | DELETE | 61 TITLE | | 5000025 | CHange | Addition |
| NAME | | | 6.2 NAME | | 5000025(-04/29/9801(***158.75 | 72002. | |
| STREET ADDRESS | } | | 63 STREET | ADDRESS | ***159.7C | 103012 | 1 |
| CITY-ST-ZIP | | | 6.4 CITY - 9 | | 1001 G | | |
| | cartify that the information or unless with | ALIGNA AND CONTRACTOR OF THE PARTY OF THE PA | - 10-0-010-01 | tion stoled in E | Costino 110 07(DV). Closido Cintutas I | V 10 19 | |

I. Thereby certify that the information supplied with this liling 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 supplied entitle must 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

April 23, 1998

407 752-7009

Dayt-mo Phone #