

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95--01004--001
***6200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **422339** (2)

1. Corporation Name
FLORIDA LIFE CARE, INC.

Principal Place of Business Mailing Address
10065 RED RUN BLVD OWINGS MILLS MD 21117 US

3. Date Incorporated or Qualified **03/28/1973** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1452755** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OT-CORP-SYS CTCorporation system
1200 SO PINE ISL RD
PLANTATION FL 33324**

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 remaining

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DB**
NAME **ELKINS, ROBERT A**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY - ST - ZIP **OWINGS MILLS MD 21117**

TITLE **DB**
NAME **CIKA, LAWRENCE P**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY - ST - ZIP **OWINGS MILLS MD 21117**

TITLE **V**
NAME **CAHILL, DENNIS A**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY - ST - ZIP **OWINGS MILLS MD 21117**

TITLE **SD**
NAME **LEVIN, MARC B**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY - ST - ZIP **OWINGS MILLS MD 21117**

TITLE **VD**
NAME **ELKINS, MARSHALL A**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY - ST - ZIP **OWINGS MILLS MD 21117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE Change Addition
2 NAME **Pickett, Taylor**
3 STREET ADDRESS
4 CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME **PO Cika, Lawrence**
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

*5/1/95
Nxt*

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 if applicant, or an agent, with an address

SIGNATURE: *Taylor Pickett* **Taylor Pickett** /1/30/95 (410)998-8578