

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H59858 (1)**  
 1. Corporation Name  
**SUS CARE, INC.**



Principal Place of Business  
**1285 ORANGE AVE.  
 WINTER PARK FL 32789**

Mailing Address  
**1285 ORANGE AVE.  
 WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/29/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2550975</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BARNETT, JAMES C.          1285 ORANGE AVENUE          WINTER PARK FL 32789</b>				10. Name and Address of New Registered Agent	
81	Name	<b>JOHN W. MCCUTCHEN, M.D.</b>			
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1285 ORANGE AVE</b>			
83					
84	City	<b>WINTER PARK</b>	85	State	<b>FL</b>
	Zip Code				<b>32789</b>

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 607.0503, Florida Statutes.

SIGNATURE: *John W. McCutchen* (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPIVEY, JAMES N.</b>		1.2 NAME	<b>JOHN W. MCCUTCHEN, M.D.</b>	
STREET ADDRESS	<b>3220 LAKESHORE DRIVE</b>		1.3 STREET ADDRESS	<b>1285 ORANGE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>		1.4 CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIDDICK, MAX F.</b>		2.2 NAME	<b>JOHN A. PAPA, M.D.</b>	
STREET ADDRESS	<b>2200 WOODLAWN DRIVE</b>		2.3 STREET ADDRESS	<b>1285 ORANGE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>		2.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNSON, GREGORY O.</b>		3.2 NAME		
STREET ADDRESS	<b>161 ALEXANDER PLACE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNETT, JAMES C.</b>		4.2 NAME		
STREET ADDRESS	<b>140 CHELTON CIRCLE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: *John W. McCutchen* Date: **3-23-98** Daytime Phone #: **407 643-1341**

CR2E034 (10/97)