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Feb 10 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 # J71579 (3)
1. Corporation Name
LIFECARE MANAGEMENT, INC.



Principal Place of Business: 1450 59TH ST W SUITE 200 BRADENTON FL 34209-4663
Mailing Address: 1450 59TH ST W SUITE 200 BRADENTON FL 34209-4607

3. Date Incorporated or Qualified: 05/04/1987
3a. Date of Last Report: 07/30/1996
4. FEI Number: 65-0019410
5. Certificate of Status Desired: [checked] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [unchecked] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [unchecked] Yes [checked] No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
KAKLIS, V. WILLIAM
1400 - 4TH AVENUE, WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: VO, 1.2 NAME: BELLINO, ROBERT J., 1.3 STREET ADDRESS: 1450 59TH ST W #200, 1.4 CITY-ST-ZIP: BRADENTON, FL 34209
2.1 TITLE: PST, 2.2 NAME: JACKSON, ROY D., 2.3 STREET ADDRESS: 7307 17TH AVE NW, 2.4 CITY-ST-ZIP: BRADENTON, FL 34209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 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

CR2E034 (9/96)