

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # N95000003889 (1)

1. Corporation Name
LIFE CARE MANAGEMENT SERVICES, INC.



Principal Place of Business: 4000 - 24TH STREET N. LOT 20 ST. PETERSBURG FL
Mailing Address: 4000 - 24TH STREET N. LOT 20 ST. PETERSBURG FL

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 SAME		26 P.O. Box 60058		08/15/1995	N/A
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 ST. PETERSBURG, FL.		54-7352630	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		33784-0058	P.MELLAS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUNN, SHERRY L 4000 - 24TH STREET N. LOT 20 ST. PETERSBURG FL				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: SHERRY L. DUNN (Signature)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 5/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/Secy/TREAS. <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRY L. DUNN	1.2 NAME	JOAN BLISS
STREET ADDRESS	4000 - 24 ST. N. #20	1.3 STREET ADDRESS	P.O. Box 13489 (N/A)
CITY-ST-ZIP	ST. PETERSBURG, FL. 33714	1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33733-3489
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PHYLLIS BURCH
STREET ADDRESS		2.3 STREET ADDRESS	611 DRUID RD Ste: 408
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL. 34616
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BARRY MERRITT
STREET ADDRESS		3.3 STREET ADDRESS	4824 - 2ND AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	NAOMI KORN
STREET ADDRESS		4.3 STREET ADDRESS	535 CENTRAL AV. Ste: 418
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PAUL CHATELIER
STREET ADDRESS		5.3 STREET ADDRESS	1901 N. BOAUREGARD ST. #370
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ALEXANDRIA VA 22311
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	300001867128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	-06/19/96--01059--036
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHERRY L. DUNN (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SHERRY L. DUNN
DATE: 5/18/96
DAYTIME PHONE #: 813-226-7516

CR2E037 (12/95)