


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 60058 ST PETERSBURG FL 33784-0058
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3. Date Incorporated or Qualified 08/15/1995	Applied For Not Applicable
4. FEI Number 59-3352630	

2. Principal Place of Business 21 9520-37 Av. N. Suite, Apt. #, etc. 22 112 City & State 23 ST PETERSBURG, FL Zip 24 93713	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 PINELLAS
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 DUNN, SHERRY L 4000 - 24TH STREET N. LOT 20 ST. PETERSBURG FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 DATE: 7/1/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D <input type="checkbox"/> DELETE	NAME BLISS, JOAN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 13489 N/A	CITY-ST-ZIP ST PETERSBURG FL 33733-3489	1.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME BURCH, PHYLLIS	1.3 STREET ADDRESS
STREET ADDRESS 611 DRUID RD. STE 408	CITY-ST-ZIP CLEARWATER FL 34616	1.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME MERRITT, BARRY	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4824 2ND AVE S	CITY-ST-ZIP ST PETERSBURG FL 33711	2.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME KORN, NAOMI	2.3 STREET ADDRESS
STREET ADDRESS 535 CENTRAL AVE. STE 418	CITY-ST-ZIP ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME CHATELIER, PAUL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1901 N. BEAUREGA RD. STE #510	CITY-ST-ZIP ALEXANDRIA VA 22311	3.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE D <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS
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 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 DATE: 7/1/98 DAYTIME PHONE #: 727-526-7516
(NOTE: Signature and typed or printed name of signing officer or director)

CR2E037 (5/98)