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Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90024 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003889**

1. Corporation Name  
**LIFE CARE MANAGEMENT SERVICES, INC.**



Principal Place of Business 3520 32ND AVE N SUITE 112 ST. PETERSBURG FL 33713 US	Mailing Address PO BOX 60058 ST PETERSBURG FL 33784-0058
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/15/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3352630
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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:  DATE: 

Original type or printed name of registered agent and date if applicable. (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, JOAN	1.2 NAME	
STREET ADDRESS	PO BOX 13489 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33733-3489	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, PHYLLIS	2.2 NAME	
STREET ADDRESS	611 DRUID RD. STE 408	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, BARRY	3.2 NAME	
STREET ADDRESS	4824 2ND AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORN, NAOMI	4.2 NAME	
STREET ADDRESS	535 CENTRAL AVE. STE 418	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATELIER, PAUL	5.2 NAME	
STREET ADDRESS	1901 N. BEAUREGA RD. STE #510	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22311	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2/25/99 DAYTIME PHONE: 727-526-7516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)