


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

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AND  
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1997 JUL 24 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29543 (6)**  
1. Corporation Name  
**AMERICARE GROUP PURCHASING CORP.**

Principal Place of Business <b>3320 SCHERER DR. ST PETERSBURG FL 33716 US</b>	Mailing Address <b>P.O. BOX 510 GROVETOWN GA 30813-0510 US</b>
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3. Date Incorporated or Qualified <b>05/29/1990</b>	3a. Date of Last Report <b>03/15/1996</b>
4. FEI Number <b>22-3046484</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address <b>P.O. Box 2070</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State <b>Alpharetta GA</b>
23 Zip Country	28 Zip Country <b>30023-2070 US</b>

9. Name and Address of Current Registered Agent <b>PENCE, CHRISTOPHER, L 3320 SCHERER DR ST PETERSBURG FL 33716</b>	10. Name and Address of New Registered Agent 81 Name <b>MARK W. PARTIN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3320 SCHERER DR.</b> 83 City <b>ST. PETERSBURG</b> FL 85 Zip Code <b>33716</b>
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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 *Mark W. Partin* DATE **6/2/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PENCE, CHRISTOPHER 3320 SCHERER DR ST PETE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RANDOLPH, TERRY 430 PARK 20 WEST DR GROVETOWN GA</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RHODES, AUBREY 430 PARK 20 WEST DR GROVETOWN GA</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>700002253077--1</b>
1.4 CITY-ST-ZIP	<b>-07/30/97--01106--004</b>
2.1 TITLE	<b>****165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>SCC 7-24-97</b>

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 *Mark W. Partin*

CR2E034 (9/96)

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CONTOUR MEDICAL, INC

July 17, 1997

Annual Reports Filing  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept this letter and application fee for our annual reports filing. I did not receive the application for filing until the first of June. Several circumstances have occurred during the year that caused us not to receive the original application on time. Contour Medical, Inc. acquired this company during the year and the office was moved to Atlanta. The address where the application was mailed was only a warehouse. The application was addressed to Chris Pence who is no longer with the company. I have been with the Company since the beginning of June and as you can see from the application have replaced Chris.

Due to the above, I have enclosed a check for \$165 for the filing fee. Please call me at 770-886-2741 if you have any questions. Thank you.

Sincerely,



Mark W. Partin  
VP - Finance  
Corporate Controller