

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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90062 045 \*\*\*150.00

0031301

PROFIT 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 # P93000006991**

1. Corporation Name  
**ALERT CARE, INC.**

Principal Place of Business 738 CYPRESS GREEN CIR WELLINGTON FL 33414 US	Mailing Address 738 CYPRESS GREEN CIR WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>990 OLD OAK COURT</b> Suite, Apt. #, etc. 22 City & State 23 <b>WELLINGTON FL</b> Zip Country 24 <b>33414</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>990 OLD OAK COURT</b> Suite, Apt. #, etc. 27 City & State 28 <b>WELLINGTON FL</b> Zip Country 29 <b>33414</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>01/28/1993</b>	4. FEI Number <b>65-0398051</b>	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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BARTON, WAYNE**  
738 CYPRESS GREEN CIR  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name <b>JANET BARTON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>990 OLD OAK COURT</b>
83
84 City <b>WELLINGTON FL</b>
85 Zip Code <b>33414</b>

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BARTON, WAYNE</b>
STREET ADDRESS	<b>738 CYPRESS GREEN CIR</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
TITLE	<b>D/PRES / SOC</b> <input type="checkbox"/> DELETE
NAME	<b>JANET BARTON</b>
STREET ADDRESS	<b>990 OLD OAK COURT</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<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	

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 607, 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: Janet L. Barton Date: Jan. 4/99 Daytime Phone #: 361-793-2896

CRZE034 (11/98)