

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000000589 (8)**

1. Corporation Name  
**PERSONAL CARE MANAGERS OF AMERICA, INC.**



Principal Place of Business <b>2200 NORTH FEDERAL HWY. S-202 BOBA RATON FL 33431</b>	Mailing Address <b>2200 NORTH FEDERAL HWY. S-202 BOBA RATON FL 33431-7741</b>
---	--

3. Date Incorporated or Qualified <b>01/03/1995</b>	3a. Date of Last Report <b>05/24/1996</b>
4. FEI Number <b>65-0546704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>BOCA RATON</b>	City & State <b>BOCA RATON</b>
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>BODEN, JOHN 2200 NORTH FEDERAL HWY, S-202 BOBA RATON FL 33431</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>BOCA RATON</b> FL 85 Zip Code

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: *John Boden* **John BODEN** **4/17/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODEN, PATRICIA B</b>	1.2 NAME	
STREET ADDRESS	<b>480 NE 48TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOBA RATON FL 33431 BOCA RATON</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODEN, JOHN B X</b>	2.2 NAME	
STREET ADDRESS	<b>480 NE 48TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOBA RATON FL 33431 BOCA RATON</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *John Boden* **John BODEN** **4/17/97** **561/368-2477**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)