

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052129 (9)

1. Corporation Name
CARE PLUS, INC.



Principal Place of Business
3322 MANATEE AVE WEST
BRADENTON FL 34205

Mailing Address
3322 MANATEE AVE WEST
BRADENTON FL 34205-2551

3. Date Incorporated or Qualified 06/19/1996	3a. Date of Last Report
4. FEI Number 65-0733970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

RICCIO, DAWN
3322 MANATEE AVE WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Paul Garlick
82 Street Address (P.O. Box Number is Not Acceptable) 3322 Manatee Ave. West.
83
84 City Bradenton
85 Zip Code FL 34205

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: *P. J. Garlick - President*

DATE: March 20/97

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME GARLICK, PAUL	
STREET ADDRESS BOX 940	
CITY - ST - ZIP RIDGETOWN ONTARIO CA BNOP2CO	
TITLE D	<input type="checkbox"/> DELETE
NAME GARLICK, KATHRYN	
STREET ADDRESS BOX 940	
CITY - ST - ZIP RIDGETOWN ONTARIO CA BNOP2CO	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GARLICK, PAUL	
1.3 STREET ADDRESS 2222 MANATEE AVE. WEST	
1.4 CITY - ST - ZIP BRADENTON, FL 34205	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GARLICK, KATHRYN	
2.3 STREET ADDRESS 2222 MANATEE AVE. WEST	
2.4 CITY - ST - ZIP BRADENTON, FL 34205	
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 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: *Paul Garlick* Paul Garlick
DATE: March 20/97 941-745-5615

CR2E034 (9/96)