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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80872

(9)

FILED May 06 1998 8:00am Secretary of State

w.t.	ORATE CARE WORKS, INC.	Mailing Address			
∉140		#140			
JACKSONMILLE FL 32216 US		JACKSONVILLE FL 32216 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# alo	Suite, Apt. #, etc.		59-3010363	Not Applicable
22	π, θιο.	27 30(le, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	
23	•	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
4	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Currer			10. Name and Address of New Registe	red Agent
PERSICO, CYNTHIA K.			81 Name		
4190 BELFORT RD #140			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			OZ GIIGGI Add	iress (F.O. DOX Number is Not Acceptable)	
JA	CKSONVILLE FL 32216		83		
			84 City		- In-I 7 0 d
			84 City		FL 85 Zip Code
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was jaliens of, Section 607,0505, Fl	authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or pointed agency of registered age OF FICE RS AN	e of Florida. Such change was pations of, Section 607.0505, Fl	authorized by the corpora	ition's board of directors. I hereby accept the	appointment as registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Stonature, typed or printed and of registered age OFFICE RS AN	e of Florida Such change was pations of, Section 607.0505, Fl	authorized by the corporal orida Statutes. 1 - Registered Agent signature requi	ition's board of directors. I hereby accept the	appointment as registered
office or agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and of the State and OFFICE RS AN PVP PERSICO, CYNTHIA K.	e of Florida, Such change was pations of, Section 607,0505, FI and and title 4 applicable (NOI ID DIRECTORS	authorized by the corporal orida Statutes. 1 Registered Agent signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements. The signature requirements are signature requirements. The signature requirements are signatured by the corporal signature requirements are signatured by the corporal signature requirements. The signature requirements are signatured by the corporal signature requirements are signatured by the corporal signature requirements. The signature requirements are signatured by the corporal signature requirements are signatured by the corporal signature requirements. The signature requirements are signatured by the signature of the signature requirements are signatured by the signature of the signature signature requirements are signatured by the signature signa	ition's board of directors. I hereby accept the	appointment as registered 12 98 AND DIRECTORS IN 12 Change Addition
office or I agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	e of Florida, Such change was pations of, Section 607,0505, FI and and title 4 applicable (NOI ID DIRECTORS	authorized by the corporal orida Statutes. 1 Registered Agent signature requirements and the signature requirements are signature requirements. The signature requirements are signature requirements. The signature requirements are signature requirements. The signature requirements are signatured by the corporal signature requirements are signatured by the corporal signature requirements. The signature requirements are signatured by the corporal signature requirements are signatured by the corporal signature requirements. The signature requirements are signatured by the corporal signature requirements are signatured by the corporal signature requirements. The signature requirements are signatured by the signature of the signature requirements are signatured by the signature of the signature signature requirements are signatured by the signature signa	ition's board of directors. I hereby accept the	appointment as registered 12 98 AND DIRECTORS IN 12 Change Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and of the State and OFFICE RS AN PVP PERSICO, CYNTHIA K.	e of Florida Such change was patients of, Section 607,0505, Florida Such change was patient with the patients of the patients	authorized by the corporal orida Statutes. 1 Registered Agent signature required in the signatu	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition
office of agent. I a SIGNATURE 12. TITUE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	e of Florida, Such change was pations of, Section 607,0505, FI and and title 4 applicable (NOI ID DIRECTORS	authorized by the corporal orida Statutes. 1 Englistered Agent signature requirements of the corporal originature requirements of the corporal originature requirements of the corporal original origina	ition's board of directors. I hereby accept the	appointment as registered 12 98 AND DIRECTORS IN 12 Change Addition
office of agent. I a gent.	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	e of Florida Such change was patients of, Section 607,0505, Florida Such change was patient with the patients of the patients	authorized by the corporal orida Statutes. 1 Registered Agent signature required in the signatu	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition
office of I agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	e of Florida Such change was patients of, Section 607,0505, Florida Such change was patient with the patients of the patients	authorized by the corporal orida Statutes. 1 Registered Agent signature required at 13. 1.1 Iff LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition
office of I agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	c of Florida Such change was patients of, Section 607,0505, Florida and the displacement of the patients of th	authorized by the corporal orida Statutes. 1 Registered Agent signature required as 1.1 LITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition
office of agent. I e signature 12. Title name street address city-st-zip title street address city-st-zip title title street address city-st-zip title	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	e of Florida Such change was patients of, Section 607,0505, Florida Such change was patient with the patients of the patients	authorized by the corporal orida Statutes. 1 Registered Agent signature required at 13. 1.1 Iff LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition
office of I agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	c of Florida Such change was patients of, Section 607,0505, Florida and the displacement of the patients of th	authorized by the corporal orida Statutes. 1. Registered Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition
office of agent. I e signature 12. Title Name Street address City-St-Zip Title Name Street address City-St-Zip Title Name Street address City-St-Zip Title Name Street address Street address	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	c of Florida Such change was patients of, Section 607,0505, Florida and the displacement of the patients of th	authorized by the corporal orida Statutes. 1. Angisterod Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition
office of I agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida applicable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1. Registered Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office of in agent. I et agent	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	c of Florida Such change was patients of, Section 607,0505, Florida and the displacement of the patients of th	authorized by the corporal orida Statutes. 1. Angisterod Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition
office of a agent. I e signature 12. Title Name Street address City-St-Zip Title Name	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida applicable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1. Angisterod Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office of a agent. I e agent. I e signature 12. Title Name Street address City-St-Zip Title Name Street address	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida applicable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1. Angistered Agent signature required agent signature required agent signature required agent signature required agent agent signature required agent age	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office of a agent. I e signature 12. Title Name Street address City-St-Zip	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida applicable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1. Angisterod Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office of I agent. I e signature 12. Title Name Street address City-St-Zip Title Name Title Name Street address City-St-Zip Title	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida and the depositable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1. Angisterod Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
office or agent. I a SIGNATURE 12. IIILE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida and the depositable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1: Engistered Agent signature required as a statute original origin	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
office of in agent. I et agent	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida and the depositable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1. Angisterod Agent signature required as a street Address and a street Address as STREET ADDRESS and CHY-ST-ZIP and TITLE as NAME and STREET ADDRESS and CHY-ST-ZIP and TITLE as NAME and STREET ADDRESS and CHY-ST-ZIP and TITLE as NAME and STREET ADDRESS and CHY-ST-ZIP and TITLE and STREET ADDRESS and CHY-ST-ZIP and TITLE and STREET ADDRESS and CHY-ST-ZIP and STREET ADDRESS and CHY-ST-ZIP and CH	ition's board of directors. I hereby accept the	appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
office of I agent. I e signature 12. Title Name Street address City-St-zip Title Name Name Name Name	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida and the depositable (NO) ID DIRECTORS DELETE DELETE	authorized by the corporal orida Statutes. 1	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida and the experience of the CNO. DO DIRECTORS DELETE DELETE DELETE DELETE	authorized by the corporal orida Statutes. 1	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office of I agent. I e signature 12. Title Name Street address City-St-Zip Title	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed and or registered age OFFICE HS AN PVP PERSICO, CYNTHIA K. 4190 BELFORT RD	Col Florida Such change was pations of, Section 607,0505, Florida and the experience of the CNO. DO DIRECTORS DELETE DELETE DELETE DELETE	authorized by the corporal orida Statutes. 1	ition's board of directors. I hereby accept the	appointment as registered 2 98 AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

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.

CICNATURE.

Cunthed

10. E. A.

- 4/2/198 (9/4) 291.942