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

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98 JUL 21 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F96000005999 (5)**

1. Corporation Name
SERVICE CARE OF AMERICA, INC.

Principal Place of Business	Mailing Address
1150 LAKE HEARN DR., SUITE 200 ATLANTA GA 30342	1150 LAKE HEARN DR., SUITE 200 ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1996

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

4. FEI Number: 58-1732919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMS, RONALD LEWIS
8712 CARROLL PALMS
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: Melody Ann Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 7565 Oakwood St
83
84 City: Jacksonville **FL** 85 Zip Code: 32208

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: Melody Ann Thomas — Melody Ann Thomas — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LONG, JAMES B JR		1.2 NAME	700002601577--1
STREET ADDRESS	801 THERMOPYLAE COURT		1.3 STREET ADDRESS	-07/29/98--01090--016
CITY-ST-ZIP	ALPHARETTA GA ~~30202~~ 30005		1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LONG, PATRICIA E		2.2 NAME	
STREET ADDRESS	801 THERMOPYLAE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA ~~30202~~ 30005		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	7-28-98
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: Patricia E. Long — Asst Sec — 6/30/98 — 404-256-0902