

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90226 032 \*\*\*150.00

DOCUMENT # F98000006714

1. Corporation Name  
SERVICECARE, INC.

Principal Place of Business  
440 KNOX ABBOTT DRIVE, STE. 210-  
CAYCE SC 29033

Mailing Address  
440 KNOX ABBOTT DRIVE, STE. 210  
CAYCE SC 29033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 246 STONERIDGE DR  
Suite, Apt. #, etc.  
22 310  
City & State  
23 COLUMBIA, SC  
Zip Country  
24 29210 25 U.S.  
2a. Mailing Address  
26 P.O. Box 7815  
Suite, Apt. #, etc.  
27  
City & State  
28 COLUMBIA, SC  
Zip Country  
29 29202 30 US

3. Date Incorporated or Qualified  
12/10/1998  
4. FEI Number  
57-1007394  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 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

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMERMAN, WILLIAM B	1.2 NAME	
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAYCE SC 29033	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBY, WARREN A	2.2 NAME	
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAYCE SC 29033	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, STEVENS L	3.2 NAME	
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAYCE SC 29033	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LYNN	4.2 NAME	
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAYCE SC 29033	4.4 CITY-ST-ZIP	
TITLE	VGC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, H. T II	5.2 NAME	
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAYCE SC 29033	5.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, KEVIN B SR	6.2 NAME	
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAYCE SC 29033	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:

BRANDI L. BOWEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99  
Date

803-217-4629  
Daytime Phone #

CR2E034 (11/98)