

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90189 012 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000055906

1. Corporation Name
DOC-U-CARE CENTERS, INC.



Principal Place of Business 4100 W. KENNEDY BOULEVARD SUITE 33 TAMPA FL 33609	Mailing Address 4100 W. KENNEDY BOULEVARD SUITE 33 TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3536044	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, JERRY M.	
STREET ADDRESS	4100 W. KENNEDY BLVD. # 300	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GUIZZIA, CHRISTINE	
STREET ADDRESS	4100 W. KENNEDY BLVD. # 300	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ROBERT WELLS	
STREET ADDRESS	4100 W. KENNEDY BLVD. # 300	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HERALD ASTORQUIZA	
STREET ADDRESS	4100 W. KENNEDY BLVD. # 300	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	SH	<input type="checkbox"/> DELETE
NAME	MICHAEL ROSHAVEN	
STREET ADDRESS	4100 W. KENNEDY BLVD. # 300	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Herald Astorquiza* **HERALD ASTORQUIZA** 4/29/99 (813) 282-0770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)