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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

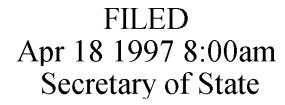
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F32328

(9)

COORDINATED CARE, INC.

Principal Place of Business Mailing Address C/O FRED A LANE





403 SOUTH AMELIA AVENUE DELAND FL 32724		403 SOUTH AMELIA AVENUE DELAND FL 32724-5917		3. Date Incorporated or Qualified 04/27/1981	3a. Date of Last Report 04/17/1996			
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For
21		26			59-2183655			Not Applicable
Suite, Apt	: #, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired		*	5 Additional Required
City & Sta	ile	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes			
571	9. Name and Address of Curre				10. Name and Address of New Re	gistered A	gent	
I A	NE, FRED A		81	Name				
	1 W MINNESOTA AVE		82	Street Add	Iress (P.O. Box Number is Not Acceptab	ote)		
	LAND FL							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			B3	3				
			B4	City			85	Zip Code
					poration submits this statement for the p	FL		
agent I SIGNATURE	am familiar with, and accept the obli-	igations of, Section 607.0505, Flo	orida Statute	9\$. 	ation's board of directors. I hereby acception is board of directors. I hereby acception in the control of the	DATE		
12.		ND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12
TillE	PD	DELETE	1.1 TITLE				Char	nge 🔲 Additio
NAME	LANE, FRED A		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
Offy: ST Zift	DELAND, FL 32720		1.4 CITY -	ST-ZIP				
FILE	STD	☐ DELETE	2.1 TITLE				☐ Char	nge 🔲 Additio
NAME	LANE, PATRICIA S		2.2 NAME					
STREET ADDRESS				et address				
CD Y - S.I - 7+3	DELAND, FL 32720	DELETE	2 4 CITY			, .	Char	noe Additio
THEE	V DATOWN	[] Derete	31 TITLE 32 NAME				LJ UIG	iåe ["] vande
NAME	LANE, L. PATRICK			ET ADDRESS				
STREET ADDRESS	***************************************		1					
CHTY - \$1 - ZIF	DELAND, FL 32720	DELETE	34. CITY 41 TITLE				Cha	nge Additio
NAME			4.2 NAM	l				
STREET ADDRESS				ET ADDRESS				
CHY- S1- 20P			4.4 CITY	- 1				
The		DELETE	5.1 TITLE				Cha	nge 🔲 Additio
NAME			5.2 NAME	:				
STREET ADDRESS	,		5.3 STREE	ET ADORESS				
CHY-SI-ZIP			5.4 CITY	-ST-ZIP				
THILE		☐ DELETE	6.1 TITLE				Cha	nge 🔲 Additio
NEME			6.2 NAME	·				
STREET ADDRESS	5		6.3 STREE	ET ADDRESS				
City St-7iP			6.4 CITY	·ST-ZIP				

14. If 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 apport 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.