

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

APPROVED
AND
FILED

97 FEB 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003569 (1)

1. Corporation Name
CAPITOL CARE MANAGEMENT COMPANY, INC.

Principal Place of Business

6000 LAKE FORREST DRIVE, SUITE 225
ATLANTA GA 30328

Mailing Address

6000 LAKE FORREST DRIVE, SUITE 225
ATLANTA GA 30328-5902

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

07/08/1996

4. FEI Number

58-2042415

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROGDON, CHRIS
1800 HARRISON STREET
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

CT Corporation

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code
33324

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 BABARA A. BURKE 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

Barbara A. Burke

SPECIAL ASSISTANT SECRETARY

2-24-97

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
TUCKER, DARRELL C
STREET ADDRESS
1426 FENWICK DRIVE
CITY-ST-ZIP
MARIETTA GA 30064

1.2 TITLE ☐ DELETE

NAME
DST
BROGDON, CHRIS
STREET ADDRESS
1800 HARRISON STREET
CITY-ST-ZIP
TITUSVILLE FL 32780

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

1.7 TITLE ☐ DELETE

1.8 TITLE ☐ DELETE

1.9 TITLE ☐ DELETE

1.10 TITLE ☐ DELETE

1.11 TITLE ☐ DELETE

1.12 TITLE ☐ DELETE

1.13 TITLE ☐ DELETE

1.14 TITLE ☐ DELETE

1.15 TITLE ☐ DELETE

1.16 TITLE ☐ DELETE

1.17 TITLE ☐ DELETE

1.18 TITLE ☐ DELETE

1.19 TITLE ☐ DELETE

1.20 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Darrell C. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)