## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 1998 Secretary of State **DIVISION OF CORPORATIONS**

## **FILED** Apr 23 1998 8:00am Secretary of State

DOCUMENT # £94000003686 (2) 1. Corporation Name										
INTER CARE GROUP, INC.										
Principal Place of Business Mailing Address										
· moport loco o										
							DO NOT WRITE IN THIS	S SPACE		1
						3. Date incorporated or Qualified 07/14/1994				
2. Principal Place 1 1 HEAI	2a. Mailing Address 26 PO BOX 3	<sup>\$\$</sup> 380546				4. FEI Number 85-0422864	$\vdash$	Applied For Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional			
22 City & State		City & State					Fee Required  6. Election Campaign Financing \$5.00 May Be			
23 BIRMIN	IGHAM, AL	28 BIRMINGHAM, AL					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country				8. This corporation owes or has paid the	current ve	ar løtangible	
24 35243	25 US	US 29 35238 30 US				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe				, -	
CT CORPORATION SYSTEM				81	Name	•				
1200 S. PINE ISLAND ROAD				82 Street Addr			ress (P.O. Box Number is Not Acceptable)			
ä	ION, FL 33324			83						ĺ
EMMILME	10N, FE 33324			64	City		FL	85 2	ip 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	nature, typed or printed name of regi	stered agent and title if applic	cable (	NOTE	: Registe	ered Ag	ent signature required when reinstating) DA	TE		
12.	OFFICERS AND D	RECTORS	13.			,	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECT	TORS IN 12	ا ا
TITLE	₽D	DELETE	1.1 TITLE			Cha	inge	Addition	70/07	
NAME *	RICHARD SCRUS		1.2 NAME							
STREET ADDRESS CITY - ST - ZIP		AL 35243	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP							200
TITLE	V	DELETE	2.1 TITLE				Cha	nnae -	Addition	
NAME	DOUG WARRICK		2.2 NAME				gc		[ 60	
	8801 HORIZON		2.3 STRE							
CITY - ST - ZIP	ALBUQUERQUE,	NM 87113	2.4 CITY - ST - ZIP							ł
TITLE NAME	BILL HORTON	DELETE	3.1 TITLE 3.2 NAME				Cha	nge	Addition	
STREET ADDRESS		PARKWAY	3.3 STREET ADDRESS							
CITY - ST - ZIP	BIRMINGHAM, A	AL 35243	3.4 CITY - ST - ZIP							
TITLE	T	DELETE	4.1 TITLE				Cha	nge	Addition	
NAME	MIKE MARTIN 1 HEALTHSOUTH	PARKWAY	4.2 NAME 4.3 STREET ADD		אחרככ					ĺ
STREET ADDRESS CITY - ST - ZIP	BIRMINGHAM, A		4.4 CITY						ĺ	
TITLE		DELETE	5.1 TITLE				Cha	mae	Addition	ĺ
NAME			5.2 NAME		·				ĺ	
STREET ADDRESS			5.3 STREET ADDR				164122			
CITY - ST - ZIP	_		5.4 CITY - ST		ZIP		20000243	; <del></del> ;	17.3	ł
TITLE		DELETE	6.1 TITLE				-04/23/980103	( <b>1967 - 1</b> 17 365 - 117	Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STRE		DRESS		***150.00	, and the		
CITY - ST - ZIP			6.4 CITY		1					
14. I hereby cert	ify that the information supplied t	with this filing does not qu	ellfy for th	10 ex	emption	stated	in Section 119.07(3)(i), Florida Statutes. I f	urther cer	tify that the	1
information in	ndicated on this annual report or	supplemental annual rep	ort is true	end	accurat	te and	that my signature shall have the same legal	effect as	it made under	I

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 inchanged, or on an attachment with an address.

STF FL32381F.1

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/98

505-878-6100

Daytime Phone #