SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:00
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F94000004472 (6)

1. Corporation Name
NEWCARE HEALTH CORPORATION

Principal Place of Business	Mailing Address
BUILDING #3 3600 OAK MANOR LANE LARGO FL 34644	BUILDING #3 3600 OAK MANOR LANE LARGO FL 34644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:
4. FEI Number: 85-0594391 — Applied For / Not Applicable
5. Certificate of Status Desired [x] — $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

BELL, ROBERT W SR
BUILDING #3
3600 OAK MANOR LANE
LARGO FL 34644

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 ________ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BELL, ROBERT W SR
STREET ADDRESS	3600 OAK MANOR LANE, BUILDING #3
CITY-ST-ZIP	LARGO FL 34644
TITLE	VCV
NAME	DALAL, ASHOK
STREET ADDRESS	3600 OAK MANOR LANE, BUILDING #3
CITY-ST-ZIP	LARGO FL 34644
TITLE	D
NAME	NEWTON, WILLIAM A DR
STREET ADDRESS	3600 OAK MANOR LANE, BUILDING #3
CITY-ST-ZIP	LARGO FL 34644
TITLE	D
NAME	WOOTEN, JAMES W
STREET ADDRESS	3600 OAK MANOR LANE, BUILDING #3
CITY-ST-ZIP	LARGO FL 34644
TITLE	S
NAME	BELL, ROBERT W JR
STREET ADDRESS	3600 OAK MANOR LANE, BUILDING #3
CITY-ST-ZIP	LARGO FL 34644
TITLE	T
NAME	SHERRILL, HENRY H JR
STREET ADDRESS	3600 OAK MANOR LANE, BUILDING #3
CITY-ST-ZIP	LARGO FL 34644

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (×6; fields TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or is attached with an address.

SIGNATURE: *Robert W Bell* 6/28/95 (813) 586-4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (3/95)

0118601 CP