

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

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AND
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1997 MAY -6 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004472 (6)**

1. Corporation Name
NEWCARE HEALTH CORPORATION

Principal Place of Business BUILDING #3 3600 OAK MANOR LANE LARGO FL 34844	Mailing Address BUILDING #3 3600 OAK MANOR LANE LARGO FL 33774-1213
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3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 10/23/1996
4. FEI Number 86-0594391	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 13577 Feather Sound Drive 26 Suite, Apt. #, etc. 27 Suite 300 28 Clearwater, FL 29 Zip 30 34622 31 Country USA
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9. Name and Address of Current Registered Agent BELL, ROBERT W SR BUILDING #3 3600 OAK MANOR LANE LARGO FL 34844	10. Name and Address of New Registered Agent 81 Name A. R. Neal, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Drive, Ste. 300 83 800002158288--7 84 City Clearwater FL 85 Zip Code 34622
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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 *A. R. Neal* **A. R. Neal** **5/5/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, ROBERT W SR		1.2 NAME Brogdon, Chris	
STREET ADDRESS 3600 OAK MANOR LANE, BUILDING #3		1.3 STREET ADDRESS 6000 Lake Forrest Drive, Ste. 200	
CITY- ST- ZIP LARGO FL 34844		1.4 CITY- ST- ZIP Atlanta, GA 30328	
TITLE VCV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DALAL, ASHOK		2.2 NAME Dalal, Ashok	
STREET ADDRESS 3600 OAK MANOR LANE, BUILDING #3		2.3 STREET ADDRESS 1266 N.W. 199th Street	
CITY- ST- ZIP LARGO FL 34844		2.4 CITY- ST- ZIP Miami, FL 33167-3232	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWTON, WILLIAM A DR		3.2 NAME Pifer, Cathy	
STREET ADDRESS 3600 OAK MANOR LANE, BUILDING #3		3.3 STREET ADDRESS 6000 Lake Forrest Drive, Ste. 200	
CITY- ST- ZIP LARGO FL 34844		3.4 CITY- ST- ZIP Atlanta, GA 30328	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, ROBERT W JR.		4.2 NAME Rees, Philip	
STREET ADDRESS 3600 OAK MANOR LANE, BUILDING #3		4.3 STREET ADDRESS 6000 Lake Forrest Drive, Ste. 200	
CITY- ST- ZIP LARGO FL 34844		4.4 CITY- ST- ZIP Atlanta, GA 30328	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHERILL, HENRY H JR.		5.2 NAME Neal, A. R.	
STREET ADDRESS 3600 OAK MANOR LANE, BUILDING #3		5.3 STREET ADDRESS 13577 Feather Sound Drive, Ste. 300	
CITY- ST- ZIP LARGO FL 34844		5.4 CITY- ST- ZIP Clearwater, FL 34622	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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 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: *A. R. Neal* **A. R. Neal** **5/5/97** **(813) 571-1727**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)



THE UNITED STATES
CORPORATION
[24~

RECEIVED

97 MAY -6 PM 1:53

ACCOUNT NO.

DIVISION OF CORPORATION
8000000032

REFERENCE

355598

85036A

AUTHORIZATION

Patricia Pizzuto

COST LIMIT

\$ 550.00

ORDER DATE : May 6, 1997

ORDER TIME : 10:19 AM

ORDER NO. : 355598-010

800002168288--7

CUSTOMER NO: 85036A

CUSTOMER: Norma Mcgrath, Legal Assistant
Jacobs Forlizzo & Neal, P.a.
Suite 300
13577 Feather Sound Drive
Clearwater, FL 34622

ANNUAL REPORT FILING

NAME: NEWCARE HEALTH CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

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