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FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000004472 (6)

1. Corporation Name

NEWCARE HEALTH CORPORATION

Principal Place of Business

Mailing Address

BUILDING #3
3600 OAK MANOR LANE
LARGO FL 34644

13577 FEATHER SOUND DRIVE
STE 300
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

86-0594391

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6000 Lake Forrest Dr.

22 City & State

27 Suite, Apt. #, etc.
28 Atlanta GA

23 Zip Country

29 30328 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEAL, A R
13577 FEATHER SOUND DRIVE., STE 300
CLEARWATER FL 34622

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

[Signature]
Signature of person or persons authorized to register agent and accept appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BROGDEN, CHRIS
STREET ADDRESS 6000 LAKE FORREST DRIVE., STE 200
CITY-ST-ZIP ATLANTA GA 30328

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DALAL, ASHOK
STREET ADDRESS 1266 N.W. 199TH STREET
CITY-ST-ZIP MIAMI FL 33167-3232

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME President/Director
2.3 STREET ADDRESS Dalal Ashok
2.4 CITY-ST-ZIP 1266 Nw 199th Street
MIAMI FL 33167-3232

TITLE P ☒ DELETE
NAME PIFER, CATHY
STREET ADDRESS 6000 LAKE FORREST DRIVE., STE 200
CITY-ST-ZIP ATLANTA GA 30328

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME KATHY PIFER
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME REES, PHILIP
STREET ADDRESS 6000 LAKE FORREST DRIVE., STE 200
CITY-ST-ZIP ATLANTA GA 30328

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME NEAL, A R
STREET ADDRESS 13577 FEATHER SOUND DRIVE., STE 300
CITY-ST-ZIP CLEARWATER FL 34622

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE
NAME James H. Sanregret
STREET ADDRESS 6000 Lake Forrest Dr. #315
CITY-ST-ZIP Atlanta GA 30328

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 500002475285
6.3 STREET ADDRESS -04/01/98--01022--012
6.4 CITY-ST-ZIP ***900.00

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:

[Signature]

CR2E034 (10/97)