

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

0013108

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004472

1. Corporation Name

NEWCARE HEALTH CORPORATION

Principal Place of Business

BUILDING #3
3600 OAK MANOR LANE
LARGO FL 34644

Mailing Address

6000 LAKE FORREST DR.
STE 200
ATLANTA GA 30328
US

FILED

99 MAY 27 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROGDEN, CHRIS	
STREET ADDRESS	6000 LAKE FORREST DRIVE., STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALAL, ASHOK	
STREET ADDRESS	1266 N.W. 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33167-3232	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REES, PHILIP	
STREET ADDRESS	6000 LAKE FORREST DRIVE., STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SANREGRET, JAMES H	
STREET ADDRESS	6000 LAKE FORREST DR. #315	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	000002893510-9
2.4 CITY-ST-ZIP	-06/02/99--01104--001
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	Darrell C. Tucker
5.4 CITY-ST-ZIP	6000 Lake Forrest Dr. #200
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	C.E.O.
6.3 STREET ADDRESS	James J. Andrews
6.4 CITY-ST-ZIP	6000 Lake Forrest Dr. #200

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, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Philip M. Rees

Date

1/21/99

Daytime Phone #

404-255-7500

CR2E034 (11/98)