

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005404 (7)**

1. Corporation Name
CORPORATE CARE PROVIDERS, INC.

Principal Place of Business 4209 VINELAND ROAD SUITE J1 ORLANDO FL 32811 US	Mailing Address 4209 VINELAND ROAD SUITE J1 ORLANDO FL 32811 US
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2. Principal Place of Business 21 3600 Rio Vista Avenue Suite, Apt. #, etc 22 Suite A City & State 23 Orlando, FL Zip 24 32805 Country 25 USA	2a. Mailing Address 26 3600 Rio Vista Avenue Suite, Apt. #, etc 27 Suite A City & State 28 Orlando, FL Zip 29 32805 Country 30 USA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3335911	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, CLAUDE A	1.2 NAME	
STREET ADDRESS	477 MADISON AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	1.4 CITY - ST - ZIP	
TITLE	PDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLEY, ALEXANDER M	2.2 NAME	
STREET ADDRESS	12917 WATERPOINT BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUGGISH, THOMAS R	3.2 NAME	
STREET ADDRESS	8822 GREAT COVE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLITTLE, DAVID M	4.2 NAME	
STREET ADDRESS	2662 SHINOAK DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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:

2/6/98

407-449-9100

CR2E034 (10/97)