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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

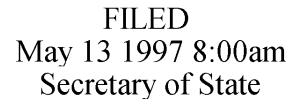
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006173 (7)

CAREPLEX OF HOMESTEAD, INC.

Mailing Address





197 FIRST AVENUE NEEDHAM MA 02194		197 FIRST AVENUE NEEDHAM MA 02194-2812							
					Date Incorporated or Qualified 12/19/1995 Fel Number		te of Las 5/1996	. ,	
	Place of Business	2a. Mailing Address	<u> </u>				F	Applied For	
Suite, Apt.	#. etc.	26						Not Applicable	
22 City 8 Stol	-	27				\$8.75 Additional Fee Required			
City & Stal	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Bo			
Zip	Country	7 _{(p}	Count	rv				d to Fees	
24	25	29	30	,	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
C T CORPORATION SYSTEM				1 Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			ē	2 Street	t Address (P.O. Box Number is Not Accepta	ble)			
	11/11/01/12 00024		8	3			· · · · ·		
į			8	4 City		FL	85 Z	p Code	
11, Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statul	es, the abo	ve-name	d corporation submits this statement for the	Duronco 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: Rigg stered Agent signature required when teinstating) DATE									
12,		RS AND DIRECTORS		gent signatur	re required when reinstating)	DATE OF DO A N ID	DIDEOT	250.00	
TITLE	COOT	DELETE	13. 1.1 In CE		ADDITIONS/CHANGES TO OFFI		Change		
NAME	GOSMAN, ANDREW D		1.2 NAM		2047 1	'	EF! Outside	c L HOOMON [
STREET ADDRESS 197 FIRST AVENUE			1.3 STREET ADDRESS						
CITY-ST-ZIP	NEEDHAM MA 02194		1.4 City	67. 7(0)					
TITLE			2.1 TITLE		P. L. Kartwan		Change	e Addition	
NAME			2.2 NAM	ī	Robert M. Mautur				
STREET ADDRESS	197 FIRST AVENUE		2.3 STRE	et address	197 FIRST AVE				
CITY-ST-ZIP	NEEDHAM MA 02194		2. 4 CITY	- \$T - ZIP	Needham, MA 02194				
TITLE			3.1 TITLE		VP L. L. Cooman		Change	Addition	
NAME			3.2 NAMI		MICHAEL MIE.				
STREET ADDRESS	197 FIRST AVENUE		3.3 STRE	et address	Robert M. Kaufman 197 First AVE Newtham, MA 02194 Michael M. Gosman 197 First BUE. Newtham, MA 02194				
CITY-ST-ZIP			3.4 CITY	- ST - ZIP	Need ham, MA OF 197				
TITLE	EA TOLL V					l	Change	Addition	
NAME	KANTER, JOEL A 197 FIRST AVENUE		4. 2 NAM						
STREET ADDRESS	NEEDHAM MA 02194			E1 ADDRESS					
CITY-ST-ZIP TITLE	EVS			S1 - ZIP			Change	Addition	
NAME	CLARY, JAMES M III		5 1 TITLE 5 2 NAME			L	cuange	Addition	
STREET ADDRESS	197 FIRST AVENUE			Et address	1				
CITY-ST-ZIP	NEEDHAM MA 02194	ENLISH NA ANIAI		ST-ZIP					
TITLE	SRV	DELETE	6.1 TITLE		LOD		Change	Addition	
NAME	WILKOS, CRAIG J	-	6.2 NAME		purc H. Benson	•			
STREET ADDRESS	197 FIRST AVENUE		1	1 ADDRESS	197 First Ave			-	
CITY-ST-ZIP	NEEDHAM MA 02194		6.4 C/1 Y			2194			

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:

CVATOVILLE Trans on Clara a

4/18/97

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