

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005999 (5)

1. Corporation Name  
SERVICE CARE OF AMERICA, INC.



Principal Place of Business 1150 LAKE HEARN DR., SUITE 200 ATLANTA GA 30342	Mailing Address 1150 LAKE HEARN DR., SUITE 200 ATLANTA GA 30342-1540
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26	27	28
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1732919		Applied For 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 checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STAUBS, JAY S 4135 VISTA VERDE DR #3 NEW PORT RICHEY FL 34655				81 Name RONALD LEWIS SIMS			
				82 Street Address (P.O. Box Number is Not Acceptable) 8712 CARROLL PALMS			
				83 TAMPA FL 33614			
				84 City TAMPA FL 85 Zip Code 33614			

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 Ronald Lewis Sims RONALD LEWIS SIMS 3-20-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	LONG, JAMES B JR	11 TITLE		12 NAME	
STREET ADDRESS		801 THERMOPYLAE COURT		13 STREET ADDRESS		14 CITY-ST-ZIP	
CITY-ST-ZIP		ALPHARETTA GA 30202		21 TITLE		22 NAME	
TITLE	ST	NAME	LONG, PATRICIA E	23 STREET ADDRESS		24 CITY-ST-ZIP	
STREET ADDRESS		801 THERMOPYLAE COURT		31 TITLE		32 NAME	
CITY-ST-ZIP		ALPHARETTA GA 30202		33 STREET ADDRESS		34 CITY-ST-ZIP	
TITLE		NAME		41 TITLE		42 NAME	
STREET ADDRESS				43 STREET ADDRESS		44 CITY-ST-ZIP	
CITY-ST-ZIP				51 TITLE		52 NAME	
TITLE		NAME		53 STREET ADDRESS		54 CITY-ST-ZIP	
STREET ADDRESS				61 TITLE		62 NAME	
CITY-ST-ZIP				63 STREET ADDRESS		64 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: Patricia E. Long 3/20/97 404-256-0902

CR2E034 (9/96)