

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006693 (3)**

1. Corporation Name
COMMUNITY CARE OF GEORGIA, INC.



Principal Place of Business 3050 NORTH HORSESHOE DR., STE. 280 NAPLES FL 33942	Mailing Address 3050 NORTH HORSESHOE DR., STE. 280 NAPLES FL 34104-7810
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0655882		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (9/96)
NAME	SINGLETON, GARY W		1.2 NAME	Deborah A. Lau			
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280		1.3 STREET ADDRESS	same			
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KRYSTOPOWICZ, WILLIAM J		2.2 NAME	John L. Silverman			
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280		2.3 STREET ADDRESS	same			
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP				
TITLE	DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Executive Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FATER, DAVID H		3.2 NAME	William J. Krystopowicz			
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280		3.3 STREET ADDRESS	same			
CITY-ST-ZIP	NAPLES FL 33942		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TRYBUS, TIMOTHY		4.2 NAME	Michael S. Blass			
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 280		4.3 STREET ADDRESS	same			
CITY-ST-ZIP	NAPLES FL 33942		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: TIMOTHY TRYBUS REQUIRED 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006366