

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006863 (2)**

1. Corporation Name

COMMUNITY CARE OF AMERICA OF ALABAMA, INC.

Principal Place of Business

Mailing Address

**3050 N. HORSESHOE DR., #260
NAPLES FL 33942**

**3050 N. HORSESHOE DR., #260
NAPLES FL 34104-7910**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1996	
4. FEI Number	Applied For
63-0683871	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<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 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**

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	
TITLE	PDC <input checked="" type="checkbox"/> DELETE
NAME	SINGLETON, GARY W
STREET ADDRESS	3050 N. HORSESHOE DR., #260
CITY-ST-ZIP	NAPLES FL 33942
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FATER, DAVID H
STREET ADDRESS	3050 N. HORSESHOE DR., #260
CITY-ST-ZIP	NAPLES FL 33942
TITLE	SD <input type="checkbox"/> DELETE
NAME	KRYSTOPOWICZ, WILLIAM J
STREET ADDRESS	3050 N. HORSESHOE DR., #260
CITY-ST-ZIP	NAPLES FL 33942
TITLE	T <input type="checkbox"/> DELETE
NAME	TRYBUS, TIMOTHY
STREET ADDRESS	3050 N. HORSESHOE DR., #260
CITY-ST-ZIP	NAPLES FL 33942
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	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deborah A. Lau
1.3 STREET ADDRESS	Same
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John L. Silverman
2.3 STREET ADDRESS	Same
2.4 CITY-ST-ZIP	
3.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William J. Krystopowicz
3.3 STREET ADDRESS	Same
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael S. Blass
4.3 STREET ADDRESS	Same
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0008357**

5/1/97

CR2E034 (9/96)