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FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000690 (4)
 1. Corporation Name
AMERICARE HOSPICE INDIGENT PATIENT FOUNDATION, I NC.

Principal Place of Business 5840 S. MEMORIAL DR., #100 TULSA OK 74145	Mailing Address 5840 S. MEMORIAL DR., #100 TULSA OK 74145
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3. Date Incorporated or Qualified 02/07/1997	
4. FEI Number 73-1508794	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MARQUARDT, EMIL C
400 CLEVELAND ST., #800, AMSOUTH BANK BLDG
CLEARWATER FL 34617

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	O'NEIL, RITA L	
STREET ADDRESS	19321 US HWY 19 N., BLDG.C, #300	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GILLEY-MEYERS, KARIN	
STREET ADDRESS	19321 US HWY 19 N., BLDG.C, #300	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOQUERRA, TERESA	
STREET ADDRESS	5840 S. MEMORIAL DR., #100	
CITY-ST-ZIP	TULSA OK 74145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLL, DAVID DR	
STREET ADDRESS	5840 S. MEMORIAL DR., #100	
CITY-ST-ZIP	TULSA OK 74145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAWITTER, HAROLD REVEREN	
STREET ADDRESS	5840 S. MEMORIAL DR., #100	
CITY-ST-ZIP	TULSA OK 74145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **TERESA NOQUERRA** **3/12/98 (813) 538-2866**

CR2E037 (10/97)