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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000690

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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2. Principal Place of Business 21 19321 U.S. Highway 19 N. Suite, Apt. #, etc.	2a. Mailing Address 26 19321 U.S. Highway 19 N. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/07/1997
22 Building C, Suite 300 City & State	27 Building C, Suite 300 City & State	4. FEI Number 73-1508794
23 Clearwater, FL Zip Country	28 Clearwater, FL Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33764 25 U.S.A.	29 33764 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O'NEIL, RITA L 19321 US HWY 19 N., BLDG.C, #300 CLEARWATER FL 34624	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DC O'Neil, Rita L. 19321 US HWY 19 N., BLDG.C, #300 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GILLEY-MEYERS, KARIN 19321 US HWY 19 N., BLDG.C, #300 CLEARWATER FL 34624	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DC Gilley, Karin 19321 US HWY 19 N., BLDG.C, #300 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOGUERRA, TERESA 5840 S. MEMORIAL DR., #100 TULSA OK 74145	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOLL, DAVID DR 5840 S. MEMORIAL DR., #100 TULSA OK 74145	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAWITTER, HAROLD REVEREN 5840 S. MEMORIAL DR., #100 TULSA OK 74145	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: *Karen Gilley* SIGNATURE REKAREN GILLEY 3/18/99 (727) 538-2866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)