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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F9800000331	0
4 Correstation Name		•

DOCUMENT # F9800003310  1. Corporation Name NEWCARE SPECIALTY SERVICES, INC.								
Principal Plac	ce of Business	Mailing	Address			1 (201/20 LINE 101/2 LOUIN EBUN 201/3 201/3 201/4 2010 LUGG 1/402 1/403 (495) 201/4 190)		
6000 LAKE FORREST DRIVE #200 6000 LAKE FORREST DRIVE #200 ATLANTA GA 30328			<b>#200</b>		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/11/1998		
2. Principal F	Place of Business	2a. Maili	ng Address			4. FEI Number XI Applied For		
21		26				APPLIED FOR Not Applicable		
Suite, Apt.	. #, etc	<u>}</u> 1	, Apt.#, etc.			5. Certificate of Status Desired [ ] \$8.75 Additional		
City & Sta		[27]	& State			Fee Required		
23	10	28	o State			6. Election Campaign Financing Trust Fund Contribution  S5.00 May Be Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes the current year Intangit le		
24	25	29		30		Personal Property Tax Larves Cino		
	9. Name and Address of Curr	rent Registered	Agent		Name of the	10. Name and Address of New Registered Ager t		
CT	CORPORATION SYSTEM			81	Name	9		
	SOUTH PINE ISLAND ROAD			82	Street	f Address (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			83				
				84	City	FI 85 Zip Code		
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida Suc	ch change was au	thorized by t	-named in the corporate	d corporation submits this statement for the purpose of chan jing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered a			Registered Agent	signaturo re	required when reinstating) DATE		
12.		AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVC		DELETE	1.1 TITLE	ł	President Change MAddition		
NAME STORES ADDOCSO	DERMER, HARRY 6000 LAKE FORREST DRIVE	#200		1.2 NAME	*D000000	Darrell C. Tux Ker laco take Tarest Ux +1000		
STREET ADDRESS	ATLANTA GA 30328	#200		13 STREET	ADDINE JO	Allhania GA 30508		
CITY-ST-ZIP TITLE	VD		C) DELETE	14 CITY-ST 21 TITLE	- 202	Direct Asir Michange Madditio		
NAME	BROGDON, CHRIS		****	2 2 NAME	\	200028933123		
STREET ADDRESS		#200		23 STREET	ADORESS	1		
CITY-ST-ZiP	ATLANTA GA 30328			2 4 CITY-ST		***150.00 ****150.00		
TITLE	SD		□ DELETE	31 TITLE	<del> </del>	[] Change [] Additio		
NAME	REES, PHILIP M			32 NAME				
STREET ADDRESS		#200		33 STREET	ADORESS			
CITY-ST-ZIP	ATLANTA GA 30328			34 CITY-S1				
TITLE			C) DELETE	4.1 TITLE	1	VVE HESICKAT []C ange DAdditio		
NAME				4 2 NAME		Larres J. Hydrocus		
STREET ADORESS					DDRESS	laxo Lake hurest Dr. #20) Allania GA 30328		
CITY-ST-ZIP TITLE			DELETE	44 CITY-ST	ZIP	Ctange MAdditio		
NAME				5.2 NAME	}.	James H. Sanregret		
STREET ADDRESS				53 STREET	ADORESS			
CITY-ST-ZIP				54 CITY-ST-		Atlanta GA 30308		
TITLE			□ DELETE	61 TITLE		Ct ange Additio		
NAME				62 NAME				
STREET ADDRESS				63 STREET	NODRESS			
	1			SACITY ST.	710			

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 logal 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, with all other like empowered.

SIGNATURE:

Philip M Rets 1/4/99 UNI 255.7500