

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

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| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F98000004601

1. Corporation Name

NEWCARE OAK PARK-CLEARMONT, INC.

PROFIT
CORPORATION
ANNUAL REPORT
1999

1999-05-10 2:17



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|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 6000 LAKE FORREST DRIVE, SUITE 200 ATLANTA GA 30328 | Mailing Address 6000 LAKE FORREST DRIVE, SUITE 200 ATLANTA GA 30328 |
| 2. Principal Place of Business 21 Suite, Apt #, etc. | 2a. Mailing Address 26 Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 25 Country |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | |

DO NOT WRITE IN THIS SPACE

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified 08/12/1998 | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 FL | |

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

INOTE: Registered Agent signature required when re-assigning

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|----------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | <input type="checkbox"/> DELETE | 13. <input type="checkbox"/> TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/12/98-01104-001 ***1150.00 ***150.00 |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James J. Andrews 6000 Lake Forrest Dr. #200 Atlanta GA 30328 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chief Financial Officer James H. Sansegret 6000 Lake Forrest Dr. #200 Atlanta GA 30328 |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip M. Price

1/21/19 401 265-7860
Date Daytime Phone #