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Secretary of State

05-05-1999 90226 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000006714**

1. Corporation Name
SERVICECARE, INC.

Principal Place of Business	Mailing Address
~~440 KNOX ABBOTT DRIVE, STE. 210~~ CAYCE SC 29033	~~440 KNOX ABBOTT DRIVE, STE. 210~~ CAYCE SC 29033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1998

2. Principal Place of Business	2a. Mailing Address
21 246 STONERIDGE DR	26 P.O. BOX 7815
Suite, Apt. #, etc. 22 310	Suite, Apt. #, etc. 27
City & State 23 COLUMBIA, S.C	City & State 28 COLUMBIA, SC
Zip 24 29210 Country 25 U.S.	Zip 29 29202 Country 30 US

4. FEI Number: 57-1007394 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TIMMERMAN, WILLIAM B		1.2 NAME		
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAYCE SC 29033		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DARBY, WARREN A		2.2 NAME		
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAYCE SC 29033		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, STEVENS L		3.2 NAME		
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAYCE SC 29033		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LYNN		4.2 NAME		
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAYCE SC 29033		4.4 CITY-ST-ZIP		
TITLE	VGC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARTHUR, H. T II		5.2 NAME		
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAYCE SC 29033		5.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, KEVIN B SR		6.2 NAME		
STREET ADDRESS	440 KNOX ABBOTT DRIVE, STE. 210		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAYCE SC 29033		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Brenda J Bowen BRENDA J BOWEN 4/30/99 803-217-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #