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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

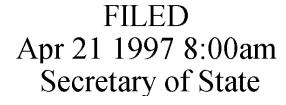
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # G63940

(2)

CONVACARE - CONVALESCENT AIDS AND RESPIRATORY CA RE, INC.





Principal Plac	e of Business	Mailing Add	Mailing Address 1821 HILLYIEW ST. SARASOTA FL 34239-3606								******
1821 HILLVIEW SARASOTA FL											
						3. Date Incorporated or Qualified   3a. Date of Last Report   04/17/1996					
2. Principal Place of Business 2a. Mailing			g Address				4. FEI Number	_ <del></del>		App	lied For
21 26							<b>59-2330573</b> N			Not	Applicable
Suite, Apt.	# etc.	Suite, A	pt. #, etc.				E Contificate of Status Desired		\$8.7	75 Ad	Iditional
22		27					5. Certificate of Status Desired	اسا	Fe	e Req	ulred
City & Stat	e	City & S	tate				6. Election Campaign Financing		\$5.	00 M	lay Be
23		28					Trust Fund Contribution		Add	ded to	Fees
Zip	Country	Zip	Zip		Country		8. This corporation has liability for i			lers. 1	99.032,
24	25	29		30				Yes [			
	9, Name and Address of Cu	rrent Registered Ag	ent		<b>.</b>	A1	10. Name and Address of New Re	glatered A	gent		
	IICK, MICHAEL			Į,	81	Name					
	HILLVIEW ST.			-	82	Street Add	iress (P.O. Box Number is Not Acceptab	ile)		······	
SAR	ASOTA FL 34239										
					63		4				
				<u> </u>	84	City			85	Zip Co	vde
				ľ	•	J.,		FL	"	2.1p Q	<b></b>
agent La SIGNATURE	im familiar with, and accept the o Signalize, typod or profed name of registers	_					tion's board of directors. I hereby accessions when reinstating)	DATE			
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	IN 12
THE	DP		DELETE	1.1 TiTl	LE				Cha	nge	Addition
NAME	HIBNICK, MICHAEL			1.2 NA	ME						
STREEL ADDRESS	1821 HILLVIEW ST.			1.3 STA	REET A	DORESS					
CITY - ST - 7/P	SARASOTA FL			1.4 CIT	Y-ST-	- 21P					
TITLE			DELETE	2.1 TIT	LE				Cha	пре	Addition
NAME				2 2 NA	ME						
STHEET ADDRESS				2.3 STA	REET A	DDRESS					
CITY-ST-ZIF				2 4 CiT	ry-st	-ZiP					
TITLE			DELETE	3.1 111					Cha	nge	Addition
NAME				3.2 NA	ME		•				
STREET ADORESS				3.3 STR	REET A	ODRESS					
CITY-ST ZIF				3.4. CIT	IY-ST	- ZIP					
TITLE			DELETE	4.1 TITE					Cha	nge	Addition
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STR	REET A	(DDRESS					
City-S1-7IP				4.4 CIT		1					
TITLE			DELETE	5 1 TIT					☐ Cha	nge	Addition
NAME				52 NA	ME						
STREET ADDRESS				1		ADDRESS :					
City -St-7iP				5.4 DIT							
Title			DELETE	6.1 TITI					☐ Cha	nge	Addition
NAME				6.2 NAJ		1		'		•	
STREET ADDRESS						ADDRESS					
				6.4 CIT		•					
CITY - S1 - ZIF	L			6.4 CH	1-51-	- LIF					

14. I do 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

**SIGNATURE:** 

Daylime Phone #