

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

APPROVED  
AND  
FILED

98 JUL 28 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H20580**  
1. Corporation Name  
**ALL CARE HEALTH SERVICES, INC.**

(7)



Principal Place of Business <b>3537-43 NORTH PINE ISLAND RD SUITE 300 SUNRISE FL 33351 US</b>	Mailing Address <b>2200 RENAISSANCE BLVD SUITE 300 KING OF PRUSSIA PA 19406 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/01/1984</b>	
24		29		4. FEI Number <b>59-2469775</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NICHOLAS, FRED  
3172 N ANDREWS AVE EXTENSION  
POMPANO BCH. FL 33064**

10. Name and Address of New Registered Agent

81 Name	<b>Wanda Monical</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7401 714th Ave N</b>
83	<b>Suite 501</b>
84 City	<b>Largo</b>
85 Zip Code	<b>FL 33773</b>

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 block of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b>	1.1 TITLE	<b>800002600788-2</b>
NAME	<b>FELDMAN, BRUCE J</b>	1.2 NAME	<b>-07/28/98-01080-001</b>
STREET ADDRESS	<b>2200 RENAISSANCE BLVD SUITE 300</b>	1.3 STREET ADDRESS	<b>***6050.00 ****\$550.00</b>
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	
NAME	<b>COLBURN, BRUCE J</b>	2.2 NAME	
STREET ADDRESS	<b>2200 RENAISSANCE BLVD. STE 300</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Bruce J. Feldman*

CR2E034 (10/97)