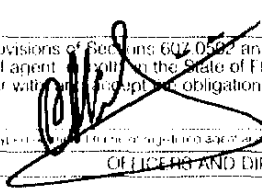
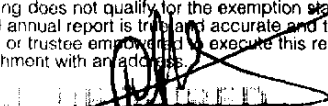


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J19435 (3)			
1. Corporation Name: STAT CARE, INC.			
Principal Place of Business 11016 N. DALEMABRY HWY., SUITE 203 TAMPA FL 33618		Mailing Address 11016 N. DALEMABRY HWY., SUITE 203 TAMPA FL 33618-3802	
2. Principal Place of Business		3. Date Incorporated or Qualified 06/16/1986	
2a. Mailing Address		3a. Date of Last Report 05/31/1996	
21. Suite, Apt. #, etc.		4. FEI Number 59-2960339	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUTHERFORD, THOMAS S 11016 N DALE MABRY HWY SUITE 201 TAMPA FL 33618		10. Name and Address of New Registered Agent	
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 within 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.		81. Name	
SIGNATURE: 		82. Street Address (P.O. Box Number is Not Acceptable)	
DATE: 02/20/97		83.	
12. OFFICERS AND DIRECTORS		84. City	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		85. Zip Code	
1.1 TITLE		FL	
1.2 NAME		85. Zip Code	
1.3 STREET ADDRESS		85. Zip Code	
1.4 CITY-ST-ZIP		85. Zip Code	
2.1 TITLE		85. Zip Code	
2.2 NAME		85. Zip Code	
2.3 STREET ADDRESS		85. Zip Code	
2.4 CITY-ST-ZIP		85. Zip Code	
3.1 TITLE		85. Zip Code	
3.2 NAME		85. Zip Code	
3.3 STREET ADDRESS		85. Zip Code	
3.4 CITY-ST-ZIP		85. Zip Code	
4.1 TITLE		85. Zip Code	
4.2 NAME		85. Zip Code	
4.3 STREET ADDRESS		85. Zip Code	
4.4 CITY-ST-ZIP		85. Zip Code	
5.1 TITLE		85. Zip Code	
5.2 NAME		85. Zip Code	
5.3 STREET ADDRESS		85. Zip Code	
5.4 CITY-ST-ZIP		85. Zip Code	
6.1 TITLE		85. Zip Code	
6.2 NAME		85. Zip Code	
6.3 STREET ADDRESS		85. Zip Code	
6.4 CITY-ST-ZIP		85. Zip Code	
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)