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

PROFIT CORPORATION ANNUAL REPORT

1997



14. I do hereby cert fy that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report is true. Fam an officer or director of the corporation or the receiver or trustee employed appears in Block 12 or Block 13 if changed, or on an attachment with an additional contents.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1997 8:00am

Secretary of State

for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the plant accurate and that my signature shall have the same legal effect as if made under oath; that do execute this report as required by Chapter 607, Florida Statutes; and that my name

Date

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19435

(3)

STAT CARE, INC.

Principal Place of Business Mailing Address							T LOUDING DIGH FILME CREAT DERMO REPUT DERMO REPUT DERMI DERME DERME DERME REMOTE FOREIT.		
11016 N. DALE Tampa Fl 336	MABRY HWY., SUITE 203 18		11016 N. DALEMABRY HWY SUITE 203 TAMPA FL 33618-3802						
							3. Date Incorporated or Qualified		
2. Panopal F	lace of Business	2a. Maili	ng Address			<del></del>	4. FEI Number Applied For		
21		26					<b>59-2960339</b> Not Applicable	ө	
Suite, Apti	#, 610	j	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	١	
City & Stat	· · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Financing \$5.00 May Be	ᅱ	
23		28					Trust Fund Contribution Added to Fees		
Z <sub>1</sub> p	Country	Zip		Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,	7	
24	25	29		30			Florida Statutes Yes No		
	9. Name and Address of Curre	int Registered	Agent				10. Name and Address of New Registered Agent	_	
	HERFORD, THOMAS S				81	Name		ļ	
	16 N DALE MABRY HWY			ľ	82	Street Ac	Address (P.O. Box Number is Not Acceptable)	٦	
	TE 201 PA FL 33618			-	83			ᅱ	
IAM	FM FL 33010			Ţ				╝	
	^	,			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	62 and 607.15	08. Florida Statu	ites, the ab	ove	named co	corporation submits this statement for the purpose of changing its registered to ration's board of directors. I hereby accept the appointment as registered	į	
office or i agent. Fa	registered agent a polit of the stat or familiar with our lacquot se obli	e of Florida, Su gations of, Sec	ich change was tion 607.0505, F	i authorized Iorida Stati	i by Jites	the corpo	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	(OW)							-	
		acara y ilo d'appla			Age	ni signature re	required when reinstating) DATE	⅃	
12.	PO OFFICERS A	ND DIRECTORS	S DELETE	13.	ıF		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	ᅴ	
TITLE MANIE	PATEL, KIRAN C.		□ better	1.1 TIT			Change Change	"	
STREET ADDRESS	11016 N DALE MABRY #202					ADDRESS			
City ST ZiF	TAMPA FL			1.4 CIT		1		1	
MILE	SD		DELETE	2 1 111		1-211	Change Addition	n	
NAM!	PATEL, PRADIP C			2 2 NA	ME		_ •		
STREET ADDRESS	11016 N DALE MABRY #201			2351	REET	ADDRESS			
CHY SI-Ze	TAMPA FL			2 4 Ci	TY-\$	T-ZIP		ı	
TIU	T		DELETE	3 1 TIT	LE		☐ Change ☐ Additio	n	
NAME	PATEL, PRADIP C.			3 2 NA	ME			ļ	
STREET ADDRESS:	11016 N. DALE MABRY HWY	<b>, #2</b> 01		3.3 STF	REET	ADDRESS			
CUY ST ZIP	TAMPA FL			3.4. CI		T-ZIP		4	
TILLE			☐ DEFELE	4.1 717	LE		L. Change . Additio	n	
NAME				4. 2 NA				-	
STREET ADDRESS:				4		ADDRESS		-	
C-1Y S1-2P - HTLF			DELETE	4.4 CIT 5.1 TIT		I - ZIP	Change Addition		
NAMÉ			bull Dillie	5.1 III			one-go radino	"	
STREET ADORESS						ADDRESS			
CITY ST Air	1			5.4 CIT		- 1		- {	
Tare			DELETE	61 TIT	_		Change Additio	n	
NAME				62 NA			<del></del>		
STREET ADORESS				63 ST	REET	ADDRESS			
0.09 61 9 .				6.4.00	. r	7 710		1	