

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6800 N. Dale Mabry Suite, Apt #, etc 22 209-211 City & State 23 Tampa, Florida Zip 24 33614		2a. Mailing Address 26 6800 N. Dale Mabry Suite, Apt #, etc 27 209-211 City & State 28 Tampa, Florida Zip 29 33614		3. Date Incorporated or Qualified 06/16/1986	
25 USA		30 USA		4. FEI Number 59-2960339	
25 USA		30 USA		Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		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 RUTHERFORD, THOMAS S 11016 N DALE MABRY HWY SUITE 201 TAMPA FL 33618		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KIRAN C.	1.2 NAME	
STREET ADDRESS	11016 N DALE MABRY #202	1.3 STREET ADDRESS	6800 N. Dale Mabry, Ste. 209-211
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, PRADIP C	2.2 NAME	
STREET ADDRESS	11016 N DALE MABRY #201	2.3 STREET ADDRESS	6800 N. Dale Mabry, Ste. 209-211
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, PRADIP C.	3.2 NAME	
STREET ADDRESS	11016 N. DALE MABRY HWY., #201	3.3 STREET ADDRESS	6800 N. Dale Mabry, Ste. 209-211
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplement to 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 a 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.

SIGNATURE:  **Kiran C. Patel, MD, March 9, 1998 (613) 290-6200**

CR2E034 (10/97)