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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	" Thereas I have
DOCUMENT	# .123517

1. Corporate	MENT # J2351 7 on Name OPICARE, INC.	7 (2)		1 100/100 Alled 11000 Street Black (100) 1500 Black	(BU 418H BIBN BIBN BIBN 18H
Principal Place of Business 10507 HEARTH RD. SPRING HILL FL 34608		Mailing Address 10507 HEARTH RD. SPRING HILL FL 34608-3714			
				, , , , , , , , , , , , , , , , , , , ,	Date of Last Report 02/27/1996
	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26 Suite, Apri #, etc.		Suite, Apt. #, etc.		59-2707906	Not Applicable \$8.75 Additional
22]		├ ──		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	To On the last	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z ₁ p	Country 30	8. This corporation has liability for intance Florida Statutes	pible tax under s. 199.032.
[24]	9. Name and Address of Curr		1301	10. Name and Address of New Register	
HUGHES, TIMOTHY W. 10507 HEARTH ROAD SPRING HILL FL 34608 81 Name Street Address (P.O. Box Number is Not Address (P.O. Box				ress (P.O. Box Number is Not Acceptable)	
			84 City	-2 400	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpor				346,00	
office or	registered agent, or both, in the Sta	te of Florida, Suc, Florida Stal	tutes, the above-named corpora s authorized by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered,
	am tamiliar with, and accept the obt	igations of Second 647,9405,	Florida Statutes.	2/10/6	37
SIGNATURE	Signature: Type dior printed number of registered a	igent and title supletible (N	OTE: Registered Agent signature requ	ired when reinstating) DA	TE TE
12.	OFFICERS A		13.	ADDITIONS/CHANGES TO OFFICERS	
THE	PD Hughes, Timothy W.	DELETE	1.1 TITLE		Change Addition
NAME STREET ADORESS	40507 LICADTU DD		1.2 NAME 1.3 STREET ADDRESS		
CITY \$1-7-P	SPRING HILL FL		1.4 CITY+ST-ZIP		
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	MORRIS, B ALLEN		2.2 NAME		·
STREET ADDRESS			2.3 STREET ADDRESS		
CHY+S1+ZIP	SPRING HILL FL		2. 4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELEYE	3.1 TITLE		Change Addition
NAME etgect abovese			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
City-ST-7.P TRUE		DELETE	3.4. CITY+ST-ZIP 4.1 THLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crty - St - ZiP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY 51-709 TITLE		DELETE	5.4 CITY - ST - ZIP 61 TITLE		Change Addition
NAMI		FIII DEFELE	62 NAME		En complete El codificial
STREET ADDRESS			6.3 STREET ADDRESS		
Crty - ST - ZIP			6.4 CITY-ST-ZIP		
14. I do here	eby certify that the information suppl	lied with this filing does not qu	alify for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I fu	irther certify that the
miormat Lam an	ion indicated on this annual report o officer or director of the cæboration	r supplemental annual report if or the receiver or trustee.	s irue and accurate and tha owered to execute this repo	it my signature shall have the same legal effe ort as required by Chapter 607, Florida Statute	or as it made under oath; that j

SIGNATURE:

FILED

Mar 31 1997 8:00am

Secretary of State